



CLINICAL PROTOCOL: Acute knee injury

When a patient presents with an acute knee injury, many times pain and swelling affects our ability to do a good diagnostic knee exam. These initial “first aid” treatments apply regardless of the injury.

BLACK BOX WARNING:

If the patient’s history suggests a possible knee dislocation, late neurovascular compromise can occur. A good neurovascular exam and specific detailed instructions for patients to call should there be any concern are necessary if we--in any way, shape or form--suspect a severe injury such as a knee dislocation.

GENERAL ACUTE KNEE INJURY CARE:

1. Rest. Use crutches and/or a brace if the injury seems significant enough.
2. Apply ice at least three times per day for 20 minutes.
3. Medications: Anti-inflammatories may be helpful in the acute injury situation. Certainly, Tylenol and other analgesics can also be added. Narcotics are rarely used. If the patient seems at risk for deep venous thrombosis, an aspirin a day can be adequate prophylaxis in most cases.
4. Exercises. Regardless of the injury, the patient should be encouraged to do isometric leg raises and contract all muscles in their leg. This will maintain muscle mass and help prevent DVTs. Range of motion exercises are appropriate for any injury other than a fracture.
5. Have the patient contact their physician with any untoward symptoms that worry them.