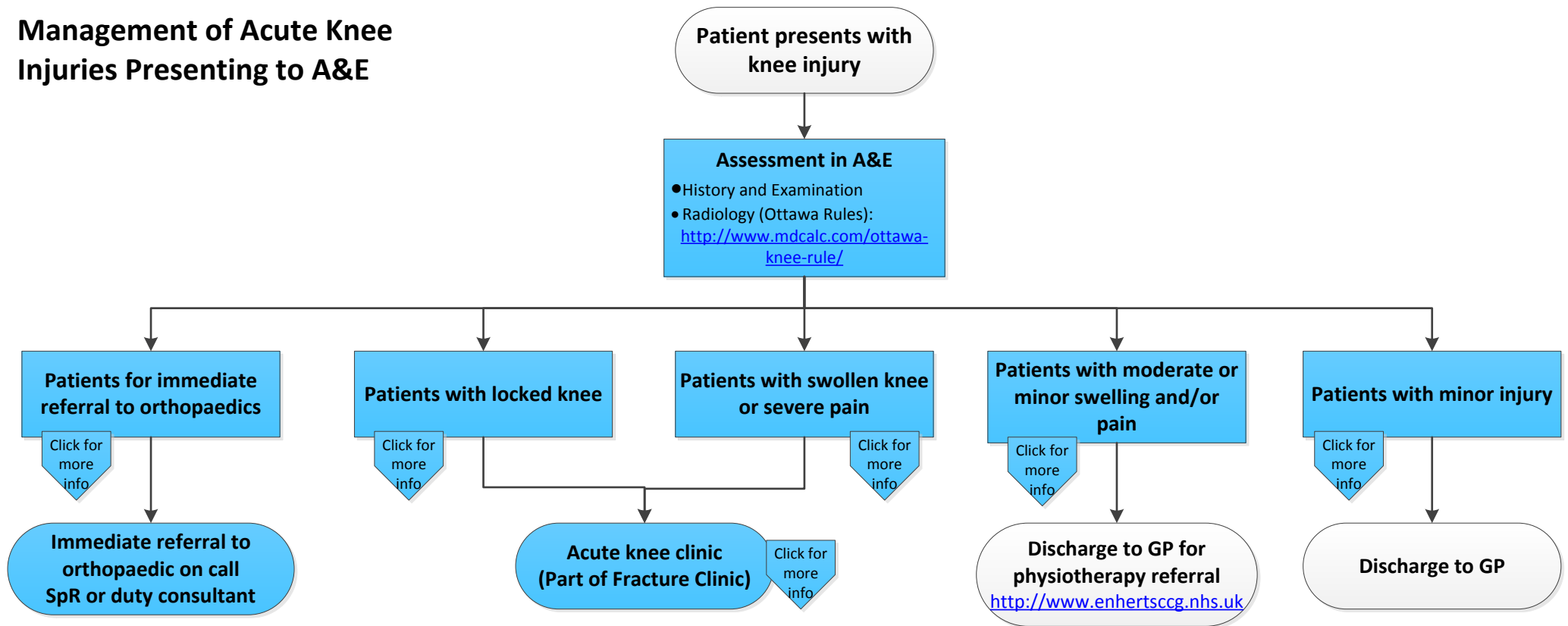


# Management of Acute Knee Injuries Presenting to A&E



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### **Patients for immediate referral to orthopaedics**

- Major fracture around the knee
- Knee dislocation
- Any open wound involving the knee joint
- Neurovascular compromise or foot drop with history of injury
- Extensor mechanism disruption



## **Patients with locked knee**

- The knee will not go fully straight
- Differential diagnosis:
  - Meniscal tear
  - Osteochondral fracture
  - Loose body
  - Stump of ACL
  - MCL Sprain

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### **Patients with swollen knee or severe pain**

- Swelling limiting flexion to < 90 degrees
- Or pain that prevents comfortable weight bearing
- Differential diagnosis:
  - ACL rupture
  - PCL rupture, combined cruciate injury
  - Collateral ligament injury
  - Patella dislocation
  - Acute Osteochondral fracture

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### **Patients with moderate or minor swelling and/or pain**

Swelling that does not limit flexion to less than 90 degrees and able to weight bear reasonably comfortably.

Differential diagnosis:

- Torn meniscus without locking
- Possible ACL injury
- MCL injury
- Simple knee sprain



## **Patients with minor injury**

Minimal swelling and full or near full range of movement.

Differential diagnosis:

- Simple knee sprain
- Knee contusion



## **Acute knee clinic (Part of Fracture Clinic)**

### **Referral Criteria**

Overall entry criteria for the Acute Knee Clinic are as follows:

- Locked knee
- Tense haemarthrosis
- Severe knee pain
- Multi-ligament injury
- Obvious diagnosis of ACL rupture, PCL rupture or meniscal tear