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A study on the problems and issues of knee injuries

Dr. Sujaneesh K Das
Associate Professor in Physical Education, Medical College, Kozhikode, Kerala, India

Abstract
During the twentieth century, the scientific evidence based on the management of sports injuries has undoubtedly improved. Sweden, for example, has had a strong tradition with well-respected pioneers and an active Society Sports Medicine promoting sports medicine for over fifty years. Despite this, no national consensus of physicians on how to manage and treat sports injuries existed in Sweden till 1997. The idea of the consensus was to coordinate and to document cutting- edge orthopedic science and clinical experience in sport from leading experts in Sweden. A similar approach might be used in other counties, even though the questions to ask and corresponding consensus may vary depending on the injury panorama and therapeutic traditions.

Keywords: Study, problems, issues, knee, injuries

Introduction

The Swedish Society of Sports Medicine has come up with a unique document required, which now forms the basis for a national consensus. It summarizes an evidence base of sports orthopedic knowledge, presented by leading clinicians and scientists. The experts were chosen from documented research track records or outstanding clinical experience. The one-day symposia were arranged with prepared questions to answer for each type of injury discussed.

A panel of leading experts was asked to review the corresponding evidence base and present a paper with conclusions and answers to each question. An invited expert audience was then asked to challenge their conclusion. Each symposium ended with agreed answers to the questions. The results were documented in three books (Roll 197-8). What do we mean by consensus? In the Medical Dictionary, consensus means general agreement of the majority view. The expert panel's standpoint was taken to be the consensus, as the experts could be considered to have the deepest knowledge in their own subject. However, the audience of selected research scientists and physicians, with documented competence within the area, took an active part in the discussion of the consensus issue and contributed to OPT's final formulation. If the expert panels were not in agreement on a certain issue, no consensus was reached on this particular issue, and the reasons for it were outlined, leading to suggestions for further studies. The rest of this entry presents selected consensus statements for some common injuries.

Ligament injuries to the knee

A knee injury, resulting from a sharp twisting movement, with suddenly occurring pain and swelling, should be suspected to be an extensive injury with hemarthrosis (bleeding in the joint). Up to 70 percent of patients presenting an acute hemarthrosis have an anterior cruciate ligament (ACL) injury, which is often associated with other intra-articular injuries. The CL can also occur without hemarthrosis.

The Lachman test is the most sensitive clinical test for the anterior stability of the knee joint (ACL injury) and can detect a total rupture in 80-95 percent of cases. A patient with acute hemarthrosis and a positive Lachman test should be referred to a specialist within one to two weeks of the injury for diagnosis and advice about the need for arthroscopic surgery or magnetic resonance imaging (MRI). Associated injuries that hinder an early rehabilitation should be treated as soon as possible.

If an acute, isolated ACL injury has been established, a choice has to be made between surgical and non-surgical treatment. One cannot on a scientific basis say that one of these alternatives is better than the other. Various factors, associated with the individual and the type of sport, have to be taken into consideration.

If surgical treatment is chosen, cruciate ligament reconstruction should be done when the range of motion in the knee joint and the swelling have normalized, which usually takes four to eight weeks from injury. If nonsurgical management is preferred, the patient should be advised to modify their activity so that sudden stopping and twisting movements are avoided. If a patient with a verified chronic ACL injury has persistent problems even after an adequate rehabilitation program. They should be referred to a specialist to be assessed for ACL reconstruction.

With acute combination injuries involving the ACL, the MCL injury is first treated with mobility training for four to eight weeks. After this, the patient is evaluated for treatment of ACL injury. With extensive injuries, open repair should always be considered. With an acute combination injury of ACL and posterolateral injury (with instability), an acute operation should be considered. Post-operative rehabilitation should involve early mobilization. Closed-chain strength training gives a lower loading on the knee ligament graft than open-chain training, which can be of importance in the early phase after the operation.

Conclusion

A cruciate ligament operation with stable results reduces the risk for secondary meniscal damage. The combination of cruciate ligament and meniscal injuries, which leads to meniscectomy, increases the risk of osteoarthritis compared to cases where the menisci are intact. Any association between cruciate ligament insufficiency and future

development of osteoarthritis, irrespective of the treatment, has not been fully established.

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