

Acute Knee Injury Management in the RAH Emergency Department

Minor Injury

May include

- Weight bearing
- No effusion
- No instability
- Has full extension
- Established OA

Discharged to GP with
Appropriate first aid and
knee rehabilitation advice
sheet +/- physio referral –
Emphasising analgesia ,
mobilisation and exercises

Moderate Injury

This group would include ligament sprains where there is no major instability. Other features such as non-weight bearing and small effusions may be present.

- Diagnostic uncertainty
- Consider senior review at 1st attendance
- Good first aid advice re ICE and early exercises
- Rehab advice sheet

STC
Review appointment
10 – 14 days

Resolving minor injury
Discharge with physio assessment
and advice

Ongoing Diagnostic Uncertainty

- Physio assessment
 - Reinforce rehab advice
 - MRI with appropriate advice
- Most likely these patients will be to rule out meniscal tear where the knee is not locked. Major ligament injuries should already be discussed with the orthopaedic team

-ve scan
Physiotherapy Referral and
primary follow up

+ve scan
Orthopaedic Referral by
dictated referral letter

Significant Knee Injury

- Acute haemarthrosis
- Locked knee
- Significant ligamentous instability
- ACL instability or posterolateral corner injury

Refer to Orthopaedic
oncall or next # clinic
(ortho have hot MRI
access)

Concern about serious injury
Consultant to Consultant referral by
phone or email
With a view to review at next available
Friday clinic