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We have all been there, the perfect conditions – new snow, no tracks, and no lines. It almost seems like the Mountain has personally invited you and your friends to get lost in the moment. Then out of nowhere, you catch an edge or lose your balance landing a jump – no matter the cause you have hurt your knee, and it hurts BAD. One minute you're celebrating with your friends and the next your mind is running wild, what have I just done to my knee? How bad is it?

Relax! This is not meant to jinx anyone, rather provide some information for anyone who finds themselves far too familiar with this scenario this winter

Most ski injuries that involve the knee are fairly benign. Contusions and minor sprains constitute the majority of these injuries and resolve quickly following the RICE principle: Rest, Ice, Compression and Elevation. For contusions and minor sprains, I would expect resolution of the problem within 2 or 3 weeks. Swelling that is tense or does not go down with RICE is a bad sign and changes in circulation and sensation below the knee should be evaluated immediately.

With that being said, there are some warning signs that you need to watch for that might point to more serious injuries: A pop in the knee when injured could mean ligament and/or cartilage damage. A feeling of the knee giving out can mean an ACL injury but a locking sensation could point to meniscal damage. Inability to weight bear fully on the leg means your body is telling you there is a significant injury and it should be evaluated.

The evaluation of your knee injury will start with a detailed history. Much can be gleaned from your mechanism of injury – was there a forceful twist to the knee, a powerful flexion, what position was your knee in respect to your body. The next step is to examine your knee. A few simple manual tests can rule in (or hopefully rule out) ligament injury or meniscal injury.

A ligament connects bone to bone, and acts as a static stabilizer to a joint. The two most common ligaments injured during skiing are the Medial collateral ligament (MCL) and the anterior cruciate ligament (ACL). The meniscus sits between your femur and tibia acting as a shock absorbing pad. Each knee has a medial (inside) and lateral (outside) meniscus.

At this point, your doctor should have a good sense of what is injured. Sometimes an MRI is needed to confirm the diagnosis. An MRI (Magnetic Resonance Imaging) is a non-invasive test which is used to further investigate your knee's ligaments and menisci, as well as the articular cartilage of the femur and tibia.

Once the diagnosis is made, treatment needs to be determined. Treatment needs to be tailored to the injury and the patient. There is no cook book answer, no matter the injury. Often injuries can be treated in a non-operative fashion, with Physical Therapy and possibly a brace. However, there are many injuries which do require arthroscopic surgery.

Hopefully this will just be a bad dream and never happen to you. But be assured, whatever the injury, it CAN be diagnosed and treated.