



Multi-directional Instability (acute)

ROSENBERG COOLEY METCALF

THE ORTHOPEDIC CLINIC AT PARK CITY

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DIAGNOSIS: Your **diagnosis** is multi-directional instability of the knee.

INJURY or CONDITION: Your **injury** generally represents a complete disruption of at least two major ligaments of your knee, one of which is the anterior cruciate ligament (ACL). This combined disruption often causes major instability to the knee which will be experienced even during activities of daily living (ADL's). Major damage to knee cartilage(s) is common. Rarely, nerve damage causes partial muscle paralysis and foot drop.

CAUSE: The most common **cause** is a violent torsional, hyperextension or sideward stress on your knee. The knee may be exposed to violent forces during ski jumping, collision sports or during major industrial accidents.

SYMPTOMS: Typical **symptoms** are immediate disability followed by significant pain and swelling within the first 12 hours.

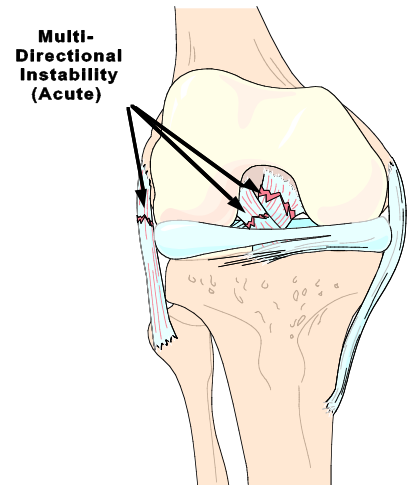
TREATMENT: Our standard **treatment** options include:

1. Ice, elevation and compression to control swelling.
2. Observation of distal pulses to assure intact circulation.
3. Anti-inflammatory medication and pain medication are helpful.
4. Crutches and a knee brace for protective ambulation.
5. Surgery should generally be undertaken even in moderately active patients, after the immediate symptoms have improved (usually 1-7 weeks after injury).
6. Physical therapy is helpful to reduce swelling and stiffness, improve muscular control, and diminish pain. All this will improve surgical recovery.

PRECAUTIONS: Important **precautions:**

1. Control swelling, both at the knee and distally in the foot and ankle regions. Use ice and keep your knee above heart level until swelling improves.
2. Watch for signs of impaired circulation to your foot such as paleness or reduced pulses. Report any impairment immediately.
3. Although surgery is generally necessary, it should not be undertaken when the knee is in an advanced state of stiffness or inflammation.
4. Do not neglect your home program of therapeutic measures.

RECOVERY: Expected **recovery** after surgical restoration of multiple ligament disruption may be intensive and prolonged, lasting from 6-12 months. Walking (weight bearing) may be possible after 2 weeks. Supervised physical therapy is often prescribed for a 2-3 month period followed by an independent conditioning program. Unfortunately, you have sustained one of the most serious knee injuries.



Front (anterior) view,
Knee bent, (flexed) at 45
(kneecap not shown)

