

SPRAINS & TEARS: KNOW YOUR INJURIES AND TREATMENTS

Ligament injuries are very common in day to day life. Ligaments are the soft tissues which connect from bone to bone and help in the normal biomechanics in normal functionality and stability of joint. The most commonly affected joints are knee, shoulder, ankle, less commonly the wrist and elbow. Labral injuries are commonly seen around the shoulder and less commonly around the hip.

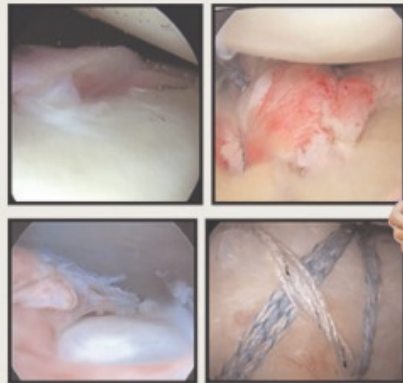
SHOULDER ARTHROSCOPY

A shoulder dislocation, instability, apprehension (lack of strength), giving away sensation leads to reduced activity of the shoulder causing pain & multiple such injuries lead to cartilage damage.

Simple sprain/grade 1, 2 injuries gradually subside with proper physiotherapy/rehabilitation, strengthening exercises and medication. More severe forms require surgical intervention. One procedure is Arthroscopy Bankart repair for multiple shoulder dislocations along with Hill-Sachs repair (REMPLISSAGE).

A common traumatic/degenerative condition includes rotator cuff (supraspinatus) tear along with subacromial bursitis especially in geriatric, elderly age group. They need arthroscopic debridement /subacromial bursa excision and rotator cuff repair using single/double row anchors and stabilizing the shoulder. This is followed by rest for 3-4 weeks and rehabilitation with physiotherapy for range of motion exercises and strengthening exercises.

Another condition is Periarthritis shoulder (frozen shoulder) which usually subsides with proper physiotherapy protocol, rehabilitation and very



rarely requires decompression and capsular release.

AC Joint Injury is other common injury which can be treated conservatively till joint is in position. If it is displaced, Arthroscopic AC Joint Fixation using Dog Button can be done.

ANKLE ARTHROSCOPY

The most neglected part of our body is ankle injuries and foot pains. They vary from the most disabling Tendo Achilles ruptures/injuries to the plantar plate tendinitis. Most of them can be treated with proper stretching exercises, proper footwear and healthy habits. Few conditions require surgical intervention such as Tendoachilles ruptures, Tendinopathies, the most advanced speed bridge technique where patient can walk from day 1 with air walker/boot. This minimally invasive technique helps in preventing wound healing complica-



tions and also early mobilization.

Next common injury would be ATFL which causes instability and pain in the outer aspect of the ankle. If it is grade 3 tear it needs reconstruction & stabilization. A commonly heard complaint will be heel pain/back of heel pain.

They are plantar fasciitis and retrocalcaneal bursitis and calcaneal spur and Haglund deformity of the foot. Most of them do well with exercises and foot care and very rarely need surgical intervention like bursa/Haglund deformity excision, plantar fascia release for better functionality.

ELBOW ARTHROSCOPY

It's done for painful condition that doesn't respond to conservative management. Common problems include Tennis Elbow, Removal of loose bodies, Myositis Ossificans (Scar Tissue) to improve range of motion.



HIP ARTHROSCOPY

In hip joint, it causes impingement and restriction of movements. This requires arthroscopic debridement of the labrum or repair if it is hindering day to day activities and altering the gait, in other scenario proper exercises, avoiding sitting low/squatting would help.

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KNEE ARTHROSCOPY

The most common injuries are around the knee and ankle. Single ligament injuries are adaptive and patient can carry on without any symptoms. However, multiligament injuries are devastating and won't allow day to day activities because of instability.

In case of multiligament injuries where 3-4 ligaments are injured, it needs reconstructions and also revision reconstructions. We can take grafts from the same patient or even Allograft from tis-

sue bank where tendons are procured and preserved.

All these procedures are done arthroscopically with minimally invasive technique using grafts like hamstrings, BTB (patellar tendon), peroneus longus, FHL, etc. along with implants such as Tight ropes/Ultra buttons (adjustable loops), Knotless anchors, Bio screws, fibre tapes.

All are used in multiple permutations and combinations. Even meniscus would get injured which does require repair as they act as shock absorbers and have cushioning effect.

Also, we may see cartilage loss/injuries which can be treated by medication and preventive measures and excision if the loss is on the non-weight bearing area. In case of weight bearing surfaces and bigger areas OATS/ACL/BMAC OR PRP with fibrin, multiple modalities can be used for the treatment in early stages of arthritis.

