

Argus Orthopaedic Zone

How Do You Diagnose Knee Trouble?

By Thomas J. Haverbush, M.D.
Orthopaedic Surgeon

I hope that last week I reassured you that when you come to the office surgery is not the first thing that comes to mind. I tried to point out that there are many different ways to treat knee trouble without surgery. Not that I don't do knee surgery. I do a lot of it, when it is needed.

I got to thinking that we need to get even more basic and spend some time letting you in on how an accurate diagnosis is made. If the diagnosis is not accurate then the treatment probably will fail. You should know that many times when treatment of a knee problem doesn't help there wasn't a correct diagnosis and only symptoms were being treated.

Diagnosis - The Key

I wish I had a dollar every time I hear my patients ask for an MRI to diagnose their problem. Some even think the doctor is doing a bad job if one isn't done. Folks, if you don't get anything else out of this article remember - an MRI is not the only way to diagnose a knee problem.

MRI is way overused in diagnosis, and not just in knee problems. So - hold the MRI, I may need it, but there is much to be done first.

Bet you didn't know that if the doctor takes a good history and asks the right questions, poof! That usually makes the right diagnosis.

Of course the exam is done next and that, if done thoroughly, gives more information about the problem.

Next I will, as likely as not, do plain x-rays to get a visual of the area. For most of the things I treat concerning the knee, the three things I just mentioned are enough.

So where does the MRI come in, you ask? If I feel I need to further visualize some of the knee structures to confirm the diagnosis I have already made. MRIs have been so overused that many patients don't think you can make a proper diagnosis without one. Don't get this wrong. I use MRI all the time to help me, but I do know when to order one and when I don't need it.

What else?

Standing x-rays of the knee(s) in certain positions are extremely helpful in diagnosis. I rarely see a patient in the office who has already had the standing x-rays I need.

An ultrasound study can help diagnose fluid behind the knee or deep vein thrombosis (blood clot).

Removing fluid to send to the lab for analysis can be a key to the diagnosis of some knee problems.

Blood tests are needed sometimes to get a larger picture of what is going on. Why? Because the knee can be only one part of a larger problem the patient may have.

If I do need to get any other studies outside the office it may take a day or two to get the result back from the test. What has always worked well in our office is to get the result of the test as soon as it is available and call the patient back to report and discuss it. Patients appreciate that and it is the right way to do it.

Next time I'd like to begin to go over some of the more typical problems we encounter in the knee and how they may present.

For eager beavers who can't wait, log on to the office teaching website, www.orthopodsurgeon.com, which can also take you to Your Orthopaedic Connection to learn more about all the knee problems I treat in the office and hospital.

Our goal is simple - To help people return to more pain free, functional lives.

Good health. Good life. All the best to you.

Be well.

Dr. Haverbush