



Knee Ligament Reconstruction Misconceptions

Serious knee ligament injuries seem to be increasing in numbers over the past several years. This is perhaps real or possibly only apparent because of the increased awareness among athletes, patients in general, primary care physicians and surgeons who provide care to these patients. Also, there are frequent articles in newspapers and magazines dealing with knee injuries and knee problems in general. If one is a regular reader of newspapers, you know what I am referring to.

Whether the number of injuries is apparent or real is not what is important. The fact is they are being diagnosed at a much earlier time by increased awareness, more careful physical examinations and the use of magnetic resonance imaging (MRI) techniques.

Surgery to repair damaged knees has become fairly common, but patients usually underestimate the severity of knee injuries.

Patients think, and you often read in the press, that surgery is done to repair the knee, you undergo rehabilitation and things are going to be back to normal and fine.

This is a very mistaken impression. All patients who have knee repairs, no matter what the type of surgery, do not return to normal. Many of the high profile athletes who have surgery to repair their knee do seem to return to a high level of competition. An example that readily comes to mind is a kicking specialist on the University of Michigan football team who injured his knee in the early summer between his freshman and sophomore years. He underwent reconstructive knee surgery in California and returned to Ann Arbor in mid August. With his surgeon's agreement, he began kicking practice cautiously at that time and was playing on a part time basis several weeks after that. This, indeed, is an amazing success story. However, for everyone like the player just mentioned there are many who cannot return to their activities and function at that high level.

Additional damage is often done to the knee besides merely tearing a ligament. We know from MRI studies that have been done in recent years that there can be serious damage and bruising to the bone, which may not allow the knee ever to return to normal status.

Just because the ligament(s) is repaired and the knee and lower extremity has undergone rehabilitation, this does not mean everything will be fine in the future. It is more important what the knee will be like in 5, 10, or 20 years rather than what the person is able to do in a few months. These are realistic



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factors that concern surgeons, but that concern is not often conveyed to the patient or, if it is, the patient does not want to hear it or even ignores any note of caution.

It will take many years of follow-up - perhaps 10 to 20 years or longer - and thousands of patients to determine if the current popular techniques of repairing knees are going to prevent arthritis and severe pain and disability in the future.



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Please consult Dr. Haverbush or a physician for specific treatment recommendations.

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