

KNEE

AS THE LAST ROUND OF EVENTS COME TO A CLOSE, THOUGHTS RACE THROUGH YOUR MIND AS AN ATHLETE. "IF I CAN JUST STICK THE LANDING...IF I CAN JUST JUMP A BIT HIGHER...IF I CAN..." AND THEN DISASTER STRIKES – IT'S YOUR KNEE. YOU FELT A POP/TEAR, IT IS SWOLLEN, AND YOU CANNOT COMPETE. WHAT HAPPENED?

All too often, this scenario is played out at gyms across the country. Each year, injuries are seen in orthopaedic offices and emergency rooms across the country. The injuries encompass foot and ankle problems, knee injuries, low back pain, and overuse/stress syndromes. Usually they are minor, but if not appropriately handled, they can lead to years of disability and lost gymnastics potential.

Among the most common lower extremity injuries, knee and ankle complaints top the charts. Usually seen with dismounts, the vast majority are sprains and strains, but season and career ending injuries can occur.

Each year, over 100,000 ACL reconstructions are performed. The ACL is commonly torn in pivoting types of sports, and more specifically with gymnastics, the ligament is torn with over-rotating or landing short on dismounts. A thorough evaluation by an Orthopaedic Surgeon is recommended, and although the diagnosis can be confirmed with a physical exam, an

INJURIES

MRI is usually ordered to evaluate the other important structures in the knee such as the meniscus (a piece of cartilage that acts as a shock absorber and it sits in between the femur bone and shin bone). The ACL is reconstructed with ligaments taken from the athlete's body or ligaments that have been donated. Return to competition is not recommended before 6 months and long term data show that well over 70% of athletes can return to their previous sport.

The goal of physicians and trainers is to educate the athletes on prevention strategies – prevention is the key! The common phrase – “No pain, no gain” – while having some truth, should not be taken literally. If something hurts and it does not go away with a simple period of relative rest (cross-training), ice therapy, or routine over the counter pain medications (Ibuprofen), it is time to see a physician. A proper warm up and cool down is important to prevent common muscle strains. Your body's reflexes are enhanced with a proper warm up and stretching routine. Inspect all gymnastics apparatus and wear proper safety equipment, to ensure if falls do happen that you are protected. Coaches and trainers should have a working relationship with the local orthopaedic physician to ensure uninterrupted care of the athlete from initial diagnosis, to treatment, therapy and return to competition. ✂

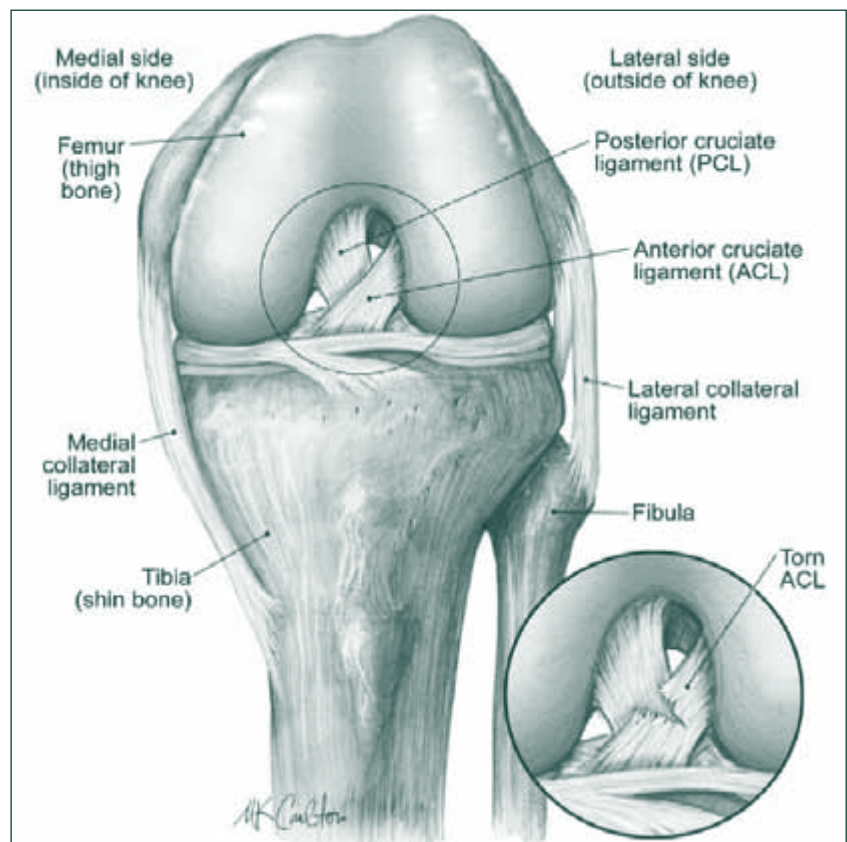


Figure 1: View of the left knee with the central ligaments labeled – anterior cruciate ligament (ACL) and posterior cruciate ligament (PCL). Inset shows a torn ACL. Used with permission from the American Orthopaedic Society for Sports Medicine, Copyright 2008.