



## Mid Atlantic Regional Chapter of the American College of Sports Medicine

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### Knee Injury – Recreational Athlete

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**HISTORY:** A 63 year-old female reports bilateral knee pain that has become more bothersome over the last 5 years. Initially, left knee more bothersome than her right, with a grinding sensation and occasional soreness. Patient then reported experiencing sharp, shooting pain of insidious onset in her right knee when on her feet, but not when sitting or lying. Patient noted she can lie down and straighten her knee, but trying to straighten when standing is painful. Reports episodes of giving way with walking, or stair negotiation. Once restrictions placed on gyms with current pandemic, patient's activity level was significantly reduced. Patient believes this has weakened her legs and led to her current difficulty. Difficulty with ambulation, stair negotiation, workout routine and completing ADLs. The patient requested referral to PT from her PCP before being seen by DO.

**PHYSICAL EXAMINATION:** Patient demonstrated antalgic gait, lacked full knee extension at heel strike, lacked proper heel strike/toe off, maintained knee flexion during midstance and displayed apprehension with weight bearing. Pain with right knee extension, both weight bearing and gravity eliminated.

**DIFFERENTIAL DIAGNOSIS:** 1. Hamstring strain 2. Meniscal tear 3. Osteoarthritis

**TESTS AND RESULTS:** Lower Extremity Functional Score 37/80. Positive McMurray's Click.

Reduced bilateral knee AROM, specifically the ability to extend right knee without significant sharp pain, reduced bilateral lower extremity strength.

**FINAL/WORKING DIAGNOSIS:** Meniscal tear with free edge, becoming impinged in knee extension

**TREATMENT AND OUTCOMES:** 1. Therapeutic modalities (Pain relief, decrease inflammation, increase blood flow), 2. Therapeutic exercises (ROM, strength, endurance, stability), 3. Therapeutic activity (ADL specific), 4. Gait training (walking, moving around, negotiating obstacles, stair navigation in step over pattern to improve household ambulation and community integration), 5. Patient education (home exercise program, home safety), 6. Patient made significant gains in knee function over 3 weeks: LEFS 71/80, Negative McMurray's Click, full and pain free extension of right knee, and improved lower extremity strength. Patient was discharged at that time to HEP, stating she had gained greater knee function than she had before therapy.