

Examination of the knee - a dying art?.

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Diagnosis of Knee Complaints

- Based on traditional history and physical examination

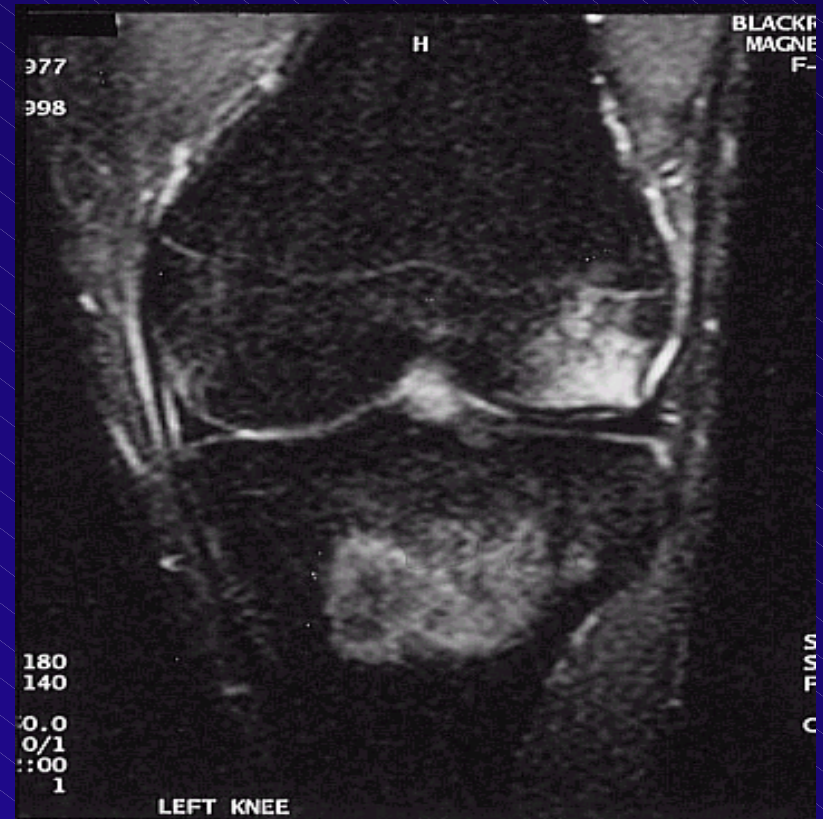


Current Problems

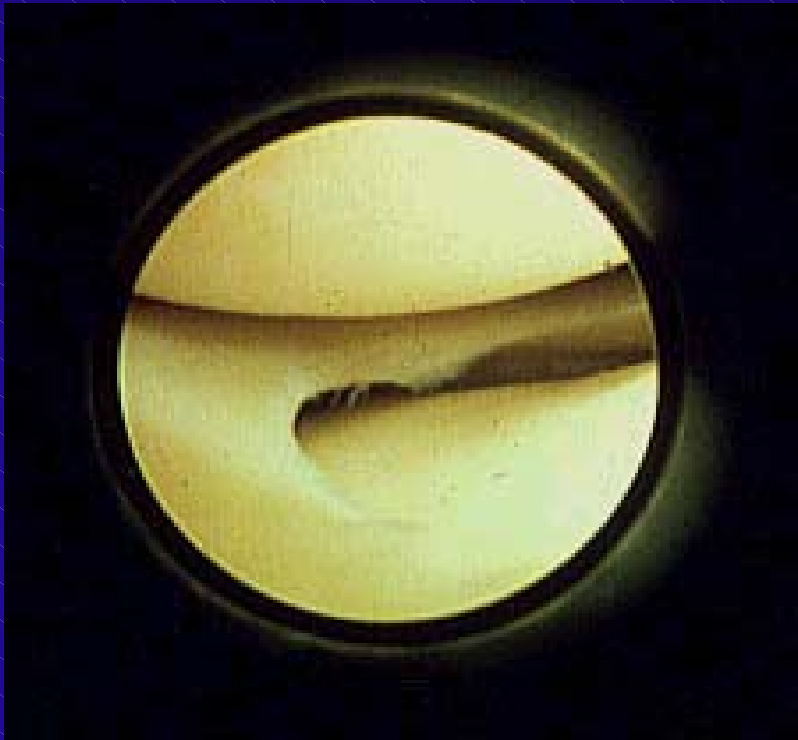
- Busy outpatient clinics
- Patient demands
- Family Doctors requests for Arthroscopy

Patient armed with MRI

- “When can you do the ‘scope’ Doc?”



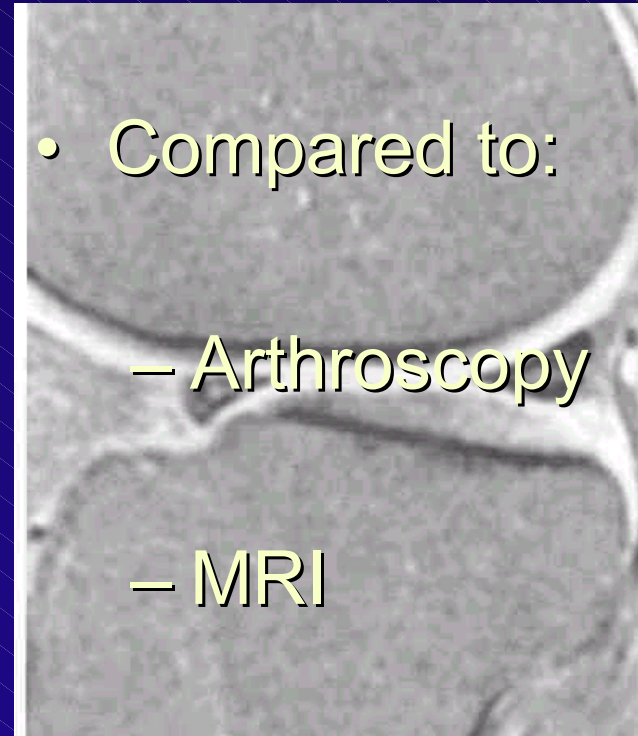
Availability Arthroscopy



- Present challenges to the continued teaching of clinical skills

Accuracy of Clinical Exam?

- Compared to:
 - Arthroscopy
 - MRI



De Haven and Collins JBJS '75

- 100 patients
- Clinical diagnosis vs arthroscopic
- Correct 72%
- Incomplete (partially correct) 10% Incorrect 18%

O'Shea et al, AJSM '96

- 156 patients (53% chronic)
- Primary diagnosis correct 83%

Present Study 1068 Patients

- Consecutive arthroscopies 1187
- No of patients in review 1068
- Females 201 Males 895
- Virtually all chronic

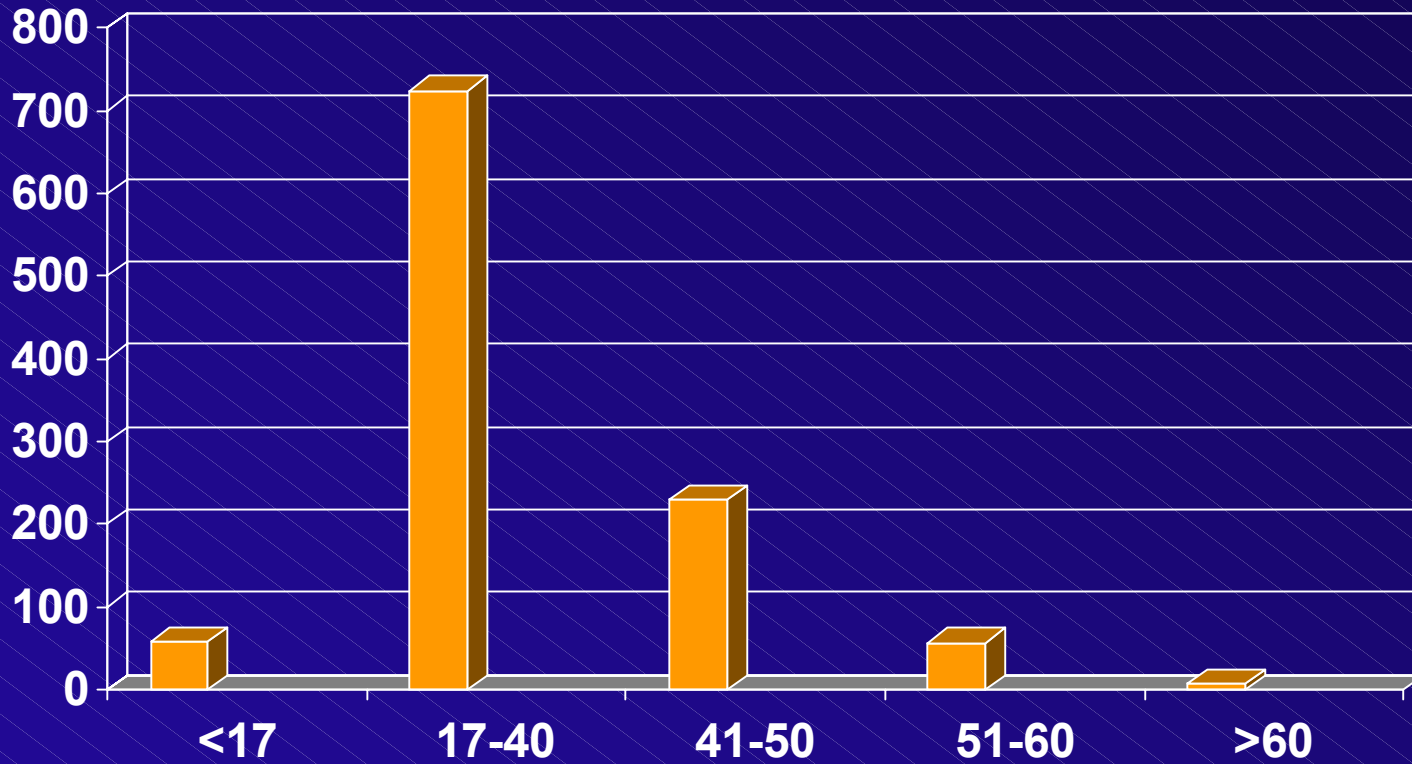
Study Period

N=1068

- 52 months
- Nov 1991 to Feb 1996
- All arthroscopies supervised one surgeon

Age Groups

n=1068



Indications for Arthroscopy

- Symptomatic meniscal tear
- Symptomatic loose body
- ACL +/- meniscal tear

- Not sure “Cannot return to sport”

“Not Sure” Group

- Failed conservative
- Unable return to sport



Personal Practice

- Arthroscopy rarely Indicated

Arthritis

CMP

- Acute Haemarthrosis - never !

Pre-op Clinical Diagnosis

- Pre-op Diagnosis is hand written at time of consultation

St. Vincent's University Hospital
ADMISSION WAITING LIST REQUEST FORM
MUST be completed for all patients added to the WIL

Date 29/3/93 Admission Priority: URGENT SOON ROUTINE

Hospital Number Pre-op Date of Birth 24/8/67

Patient's Full Name John P. Maloney

Patient's Full Address 32 St Albans,
Donnybrook
Dublin 4.
(print clearly or affix Addressograph label to BOTH COPIES)

Health Care Cover _____

Patient's Home Telephone No. (W/L) _____

Other Contact Phone Number _____

Is patient available for admission at short notice: Yes No

Diagnosis left knee MMT.

Proposed Treatment left knee arthroscopy

Pre-booked Investigations left knee XRay

Admission Date 24/3/93

Admit Under (Consultant) Hudson (Ward) OPD

Referral Source: OPD Other _____

Disposition: Home Nursing Home Other _____

History of MRSA: Yes No

Medications: Aspirin Warfarin Other _____

SVUH PD 299 0082

time of

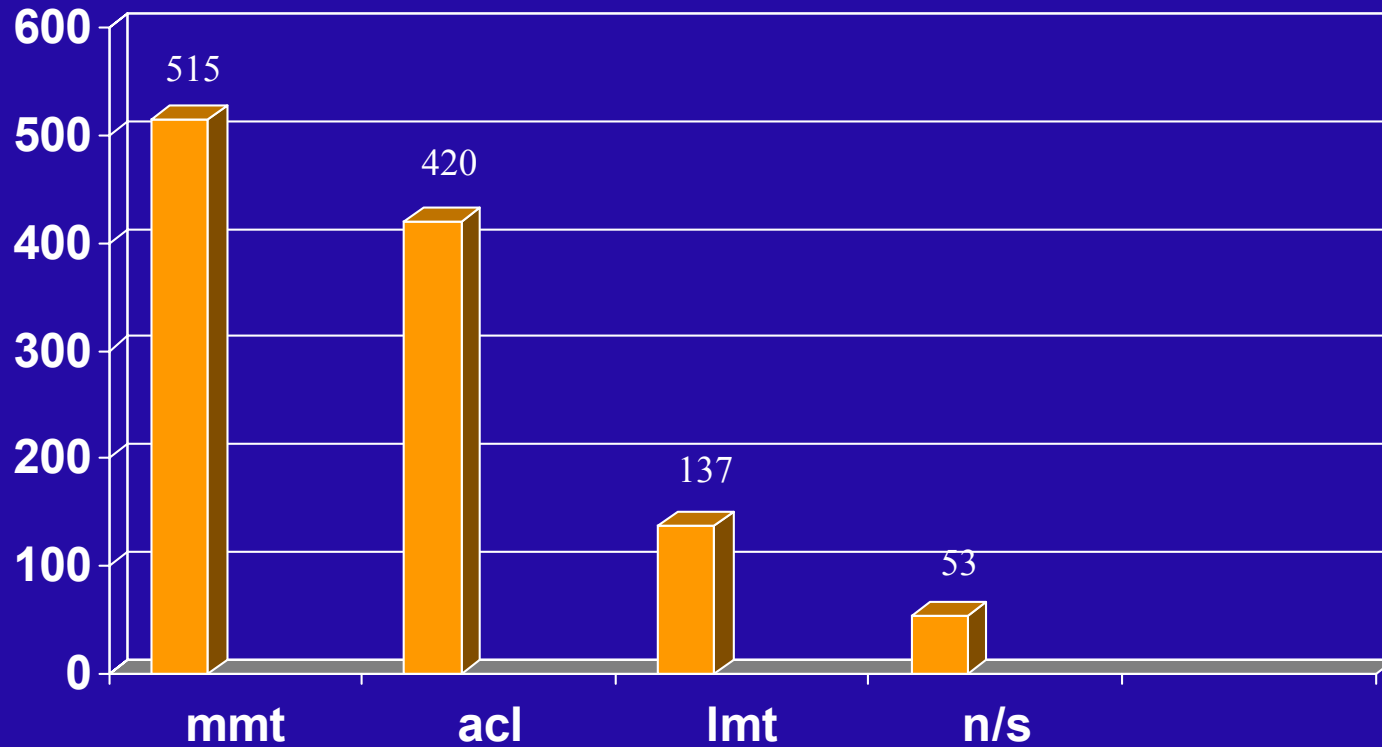


Aim of our Study

- Compare pre-op dx with arthroscopic

Clinical Diagnoses

n=1068

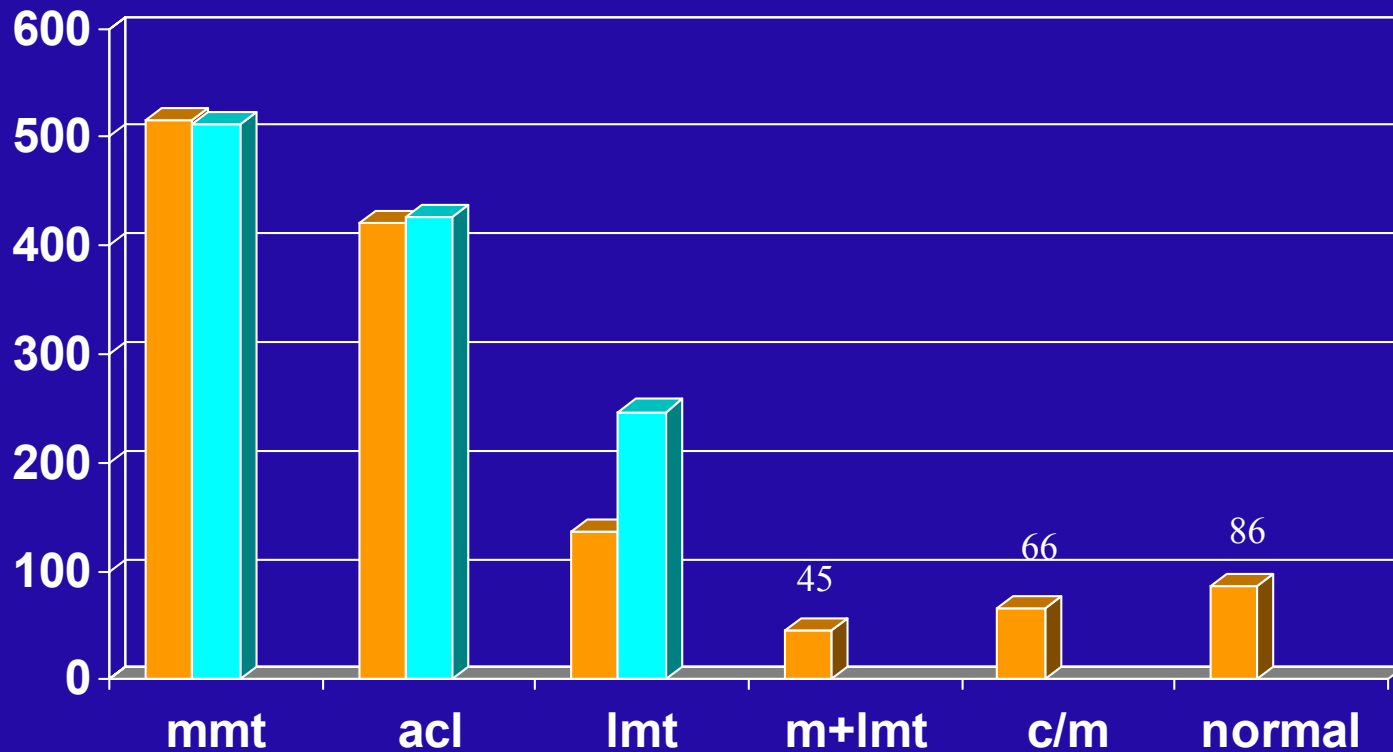


RESULTS



Arthroscopic Diagnoses

n=1068



Pre-op diagnosis of Isolated MMT

n=322

- Complete 265 (82%)
- Incomplete 5 (2%)
- Incorrect 52 (16%)

Incorrect 52 (16%)

- Lmt 8 (3%)
- Significant C/M 20 (6%)
- Normal (incl. plica) 20 (6%)

Pre-op diagnosis of MMT + ACL Tears

n=102

- Complete 78(76%)
- Incomplete 14(14%)
- “Incorrect” 10 (10%)
 - Lat men tear+ acl 7
 - Acl 3

Clinical Diagnosis of Lateral Men Tears

n=98

- Complete 82 (84%)
- Incomplete 4 (4%)
- Incorrect 14 (12%)

- C/M 5

Pre-op Diagnosis of Acl Tears

- Clinical Dx contained Acl 420
- Arthroscopy diagnosis 408 (97%)
- Diagnosis Incorrect 12 (3%)

Underdiagnosed Acl 17

- Most common error in diagnosis was due to a bucket tear of a meniscus (10)



“Not Sure” Group

n=56

- Pathology seen 27 (48%)
- No Pathology 28 (52%)



Overall Results

n=1068

- Complete and Incomplete 880 (82%)
- Incorrect 188 (18%)

Incorrect Group

n=188 (18%)

- Meniscal Tears 33
- LB 1
- Significant C/M 66

- Normal (incl “plica”) 82 (8%)
- Inflammation/synovitis 7

Summary

- Reviewed 1068 arthroscopies
- Compared pre-op and post-op dx
- Diagnosis complete or incomplete 82%
- Significant C/M in further 8%
- Unnecessary arthroscopies approx in 10%

Summary

- Despite busy clinics
- Availability of MRI and arthroscopy
- Demanding internet positive patient
- Clinical examination is still important

- Clinical examination **will** be a dying art

Thank you

