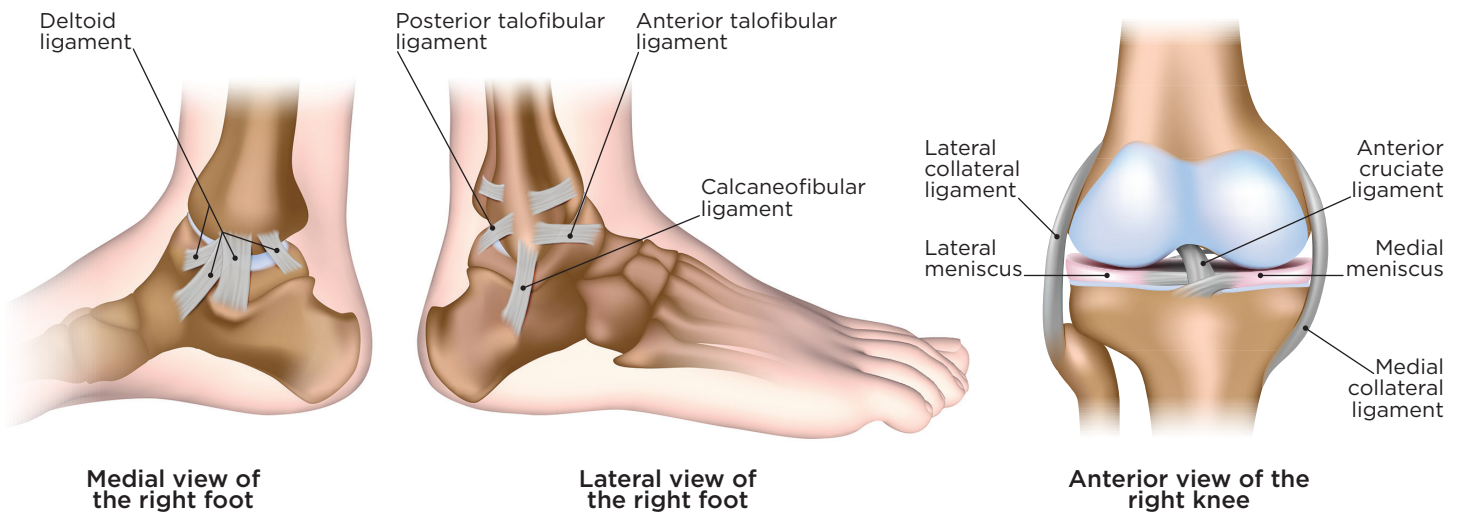


Discussing acute ankle & knee injuries

Explain the injury



Explain why imaging is rarely indicated

- ▶ There is good evidence that history and physical examination can be as accurate as imaging for diagnosis of uncomplicated acute ankle and knee injuries. When this is explained, patients can be equally satisfied whether or not they receive imaging. Evidence-based, best-practice videos of physical examination tests for common acute ankle and knee injuries can be viewed here nps.org.au/ankle-knee-videos
- ▶ Most of these injuries respond well to simple treatments, such as RICE, wearing a brace and/or physiotherapy. Unless surgery is being considered, requesting imaging may only add to the cost and time without changing management at all.
- ▶ Scans have downsides. Magnetic resonance imaging (MRI) scans may pick up ‘problems’ that are not the cause of symptoms, for example, minor tears of the knee meniscus in older people. These may cause anxiety and lead people to undergo unnecessary and expensive treatments, such as surgery, without any benefit.

	Modality		
	X-ray	Ultrasound	MRI
When indicated	Fracture is predicted by Ottawa Rules. See recommendations on diagnostic imaging for ankle injuries developed by RANZCR, APA and ACN as part of Choosing Wisely Australia at www.choosingwisely.org.au	Rarely changes management for patients presenting with acute ankle or knee injury, or fractures.	IF diagnosis of acute knee injury is not clear following history and physical examination AND confirming diagnosis will change management For these presentations, MRI is an alternative to diagnostic arthroscopy with the benefit of avoiding invasive surgery. See <i>RACGP Clinical Guidance for MRI Referral</i> at www.racgp.org.au
Considerations and limitations	Unnecessary exposure to ionising radiation.	Not listed on the MBS for meniscal and cruciate ligament tears. Ultrasound for Achilles rupture is not recommended due to conflicting evidence.	MRI has a high rate of false positives and identifying incidental findings, eg, irrelevant meniscal injuries, especially in people over 50 years. MRI is not recommended for diagnosis of ankle sprains.

ANKLE & KNEE SPRAINS & STRAINS

Managing your recovery

Ankle and knee sprains and strains can be painful and uncomfortable. They can usually be managed with rest, ice, support and a gradual return to physical activity.

About sprains and strains

Sprains are injuries to ligaments, which are fibrous bands that support our joints. If you roll an ankle you can stretch or tear ligaments, causing pain and swelling. Strains are injuries to the muscles and tendons.

Twisting and turning injuries can sprain the knee ligaments or tear the cartilage (meniscus) that lines the joint. You may have pain, swelling and trouble walking.

At the clinic

Your health professional has decided (through questions and examination) that your injury will settle with simple treatment including rest and ice. They may ask you to return in a few days once the swelling has gone down to check your progress.

If the pain, swelling and stiffness worsens, or if you develop a fever or redness at the injury site, go back to the clinic as soon as possible.

Preventing further injuries

Depending on the injury, it may take weeks to months to fully recover. Give yourself time to build up to your normal level of activity. Warm up and cool down before and after exercise and allow recovery time between sessions. Taping the joint or using a brace may also help.

If you are overweight, weight loss reduces pressure on the joint and lowers the chance of further injury.

For more information

Visit the NPS MedicineWise website:

www.nps.org.au/ankle-knee-imaging

Visit the Choosing Wisely Australia website:

www.choosingwisely.org.au

What can you do?

Follow RICE

- R**est – avoid using the injured joint for at least 2 days.
- I**ce – apply ice packs for 20 minutes every 2 hours (never apply ice directly to skin – it can burn).
- C**ompression – firmly bandage the injury.
- E**levation – lie or sit with leg raised.

Avoid HARM in the first days after injury

- No **H**eat.
- No **A**lcohol
- No **R**unning or similar activity
- No **M**assage

Additional advice and actions

When to return

Other management

Expected recovery time
