

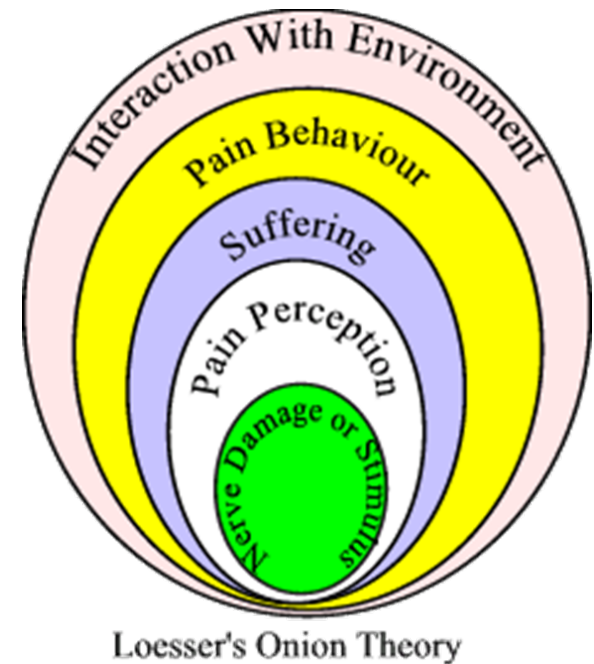
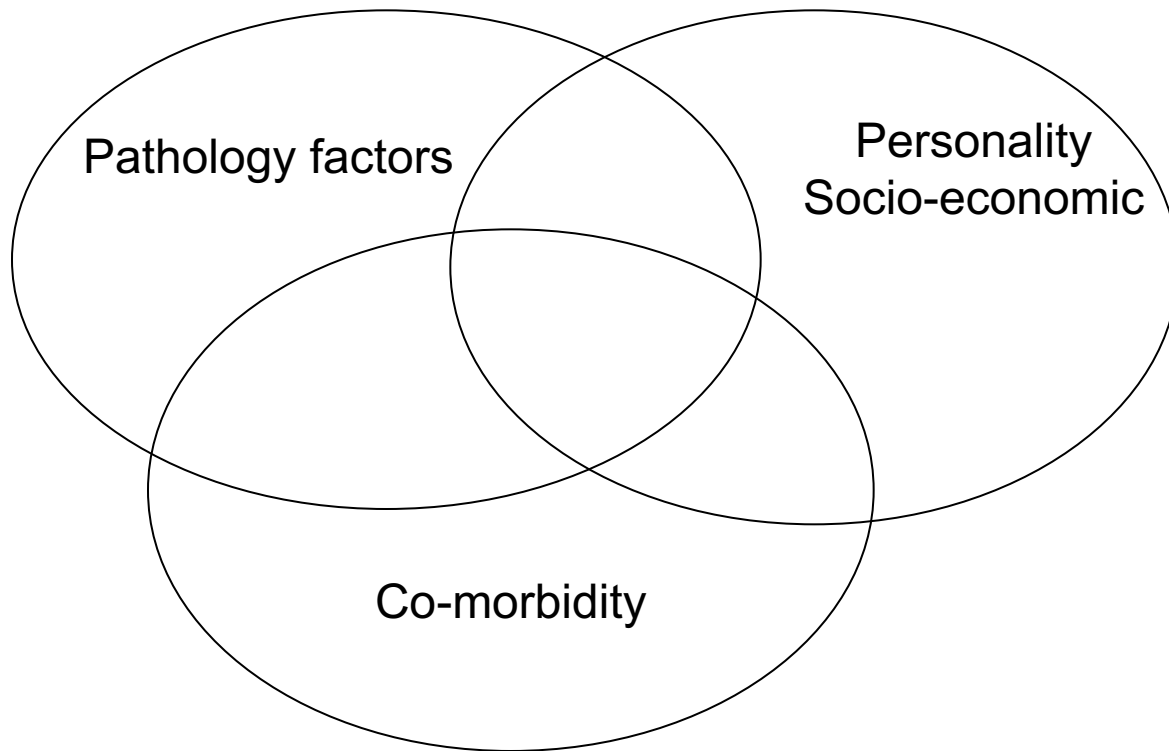
# Diagnosis of knee conditions issues and pitfalls

# Attaining a diagnosis is based around

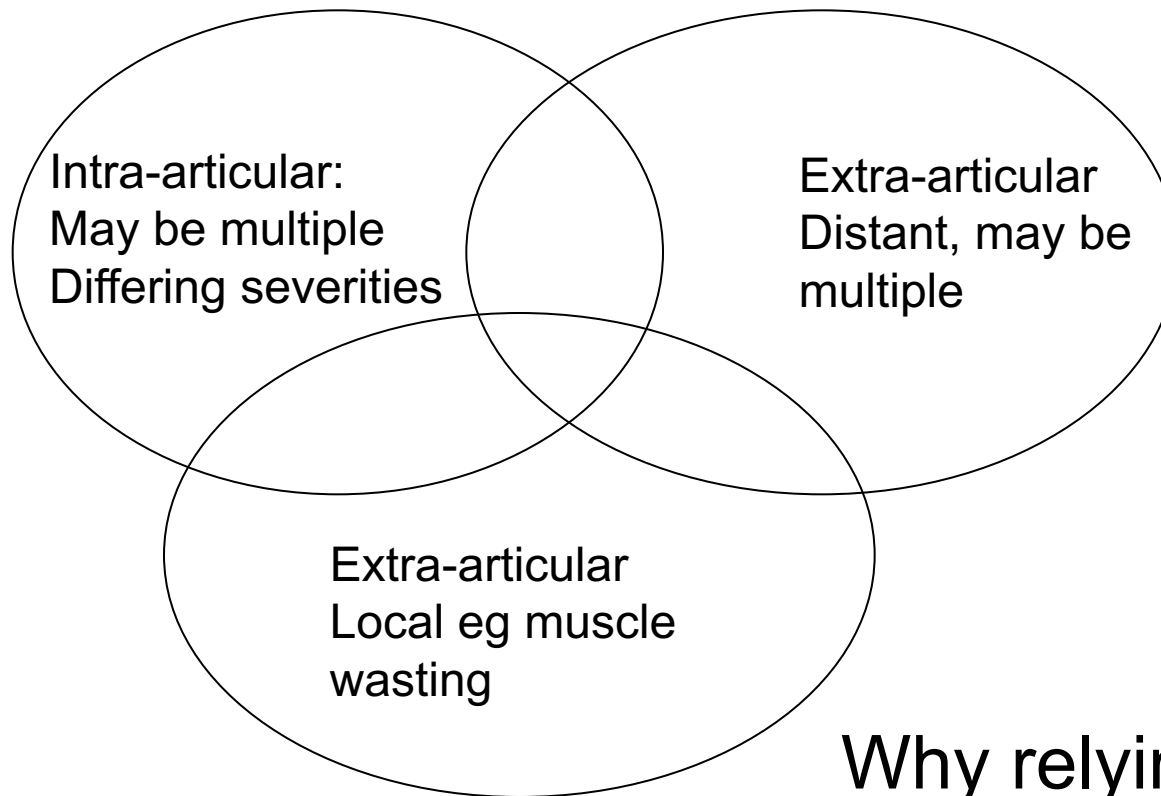
## The medical model

- The medical model works on the following basis, and has been the bedrock of medical teaching for over 2 centuries:
- History + Examination + Investigations  $\rightarrow$  Diagnosis ( $\Delta$ ) or a list of possibilities we call the differential diagnosis.
- We can use medical abbreviations to boil this down to:
- Hx + Exam + Ix  $\rightarrow \Delta / \Delta\Delta$
- The diagnosis then
- $\Delta \rightarrow$  Rx, prognosis
- K.I.S.S.

# General Vs specific confounding factors / interaction. General:



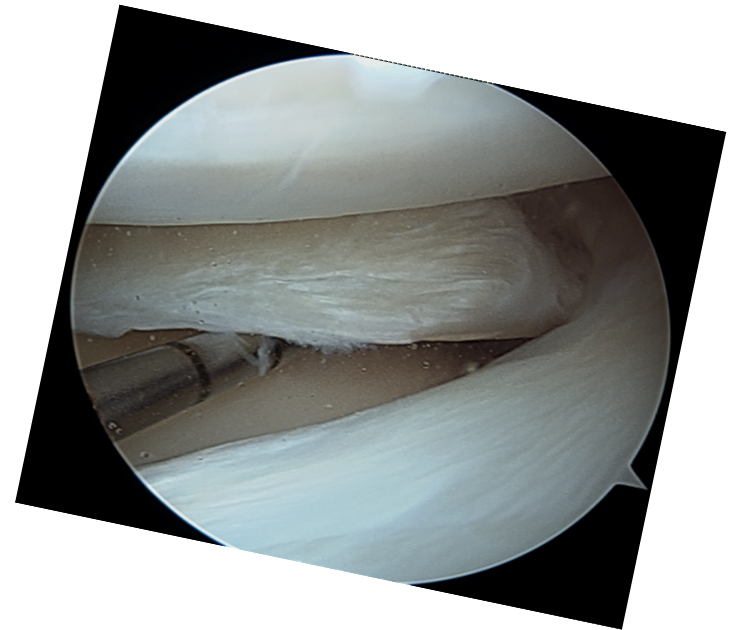
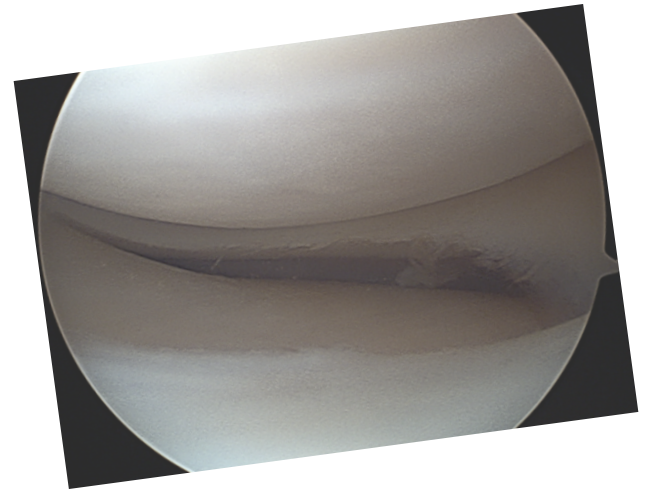
# Specific pathology factors further ÷; further confounding factors



Why relying on the  
medical model is so  
fraught...

# With regard to knees, remember:

- Everyone's fixated on the meniscus.
- A few are fixated with the ACL
- Be aware of potential other  $\Delta$
- History still = 70% of  $\Delta$ 's
- Quads  $\downarrow \rightarrow$  Sx
- Normal knees can be very symptomatic & vice versa
- Getting the basics right easy  $\rightarrow$  tricky

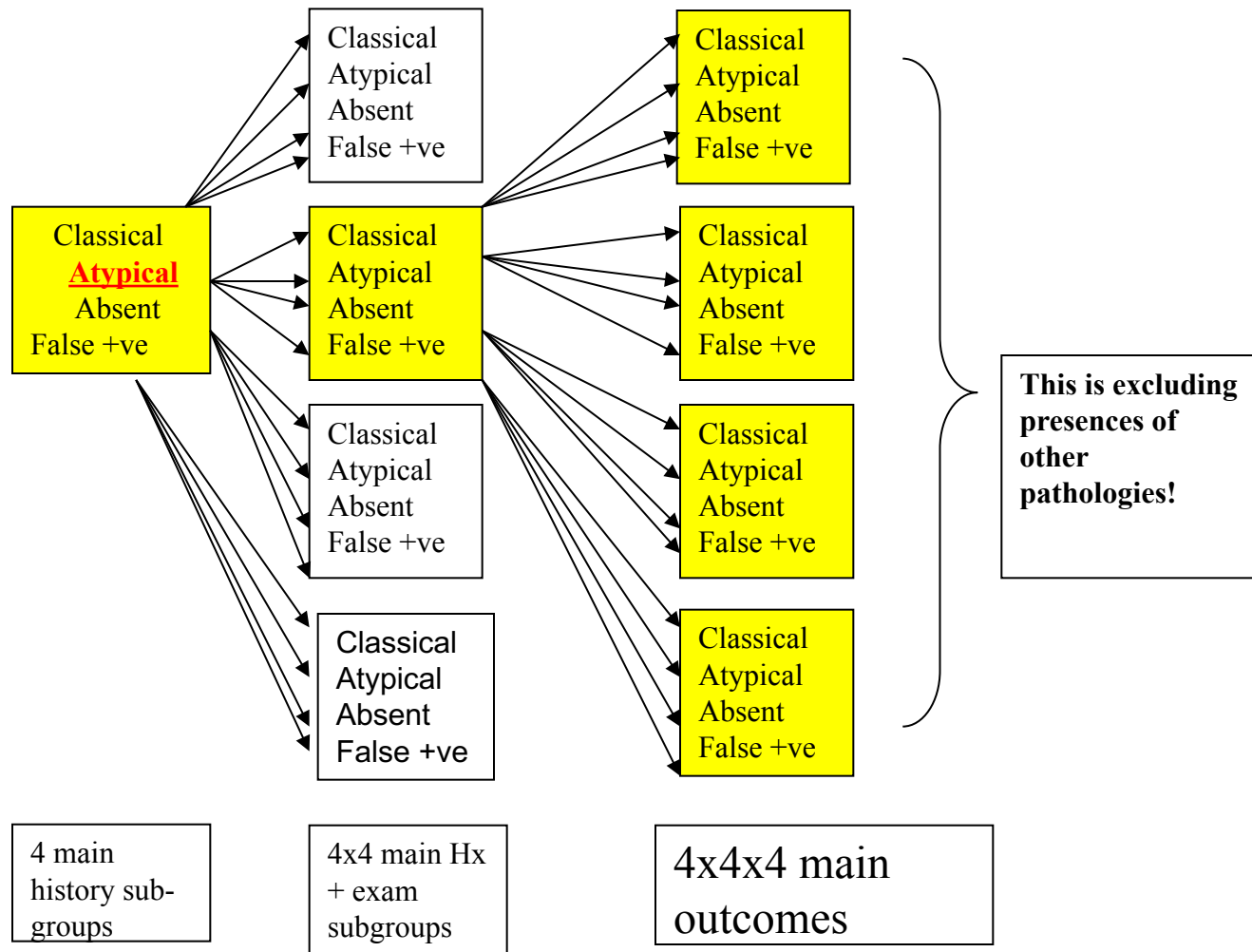


# “Real” Medical Model! For 1 condition eg meniscal tear:

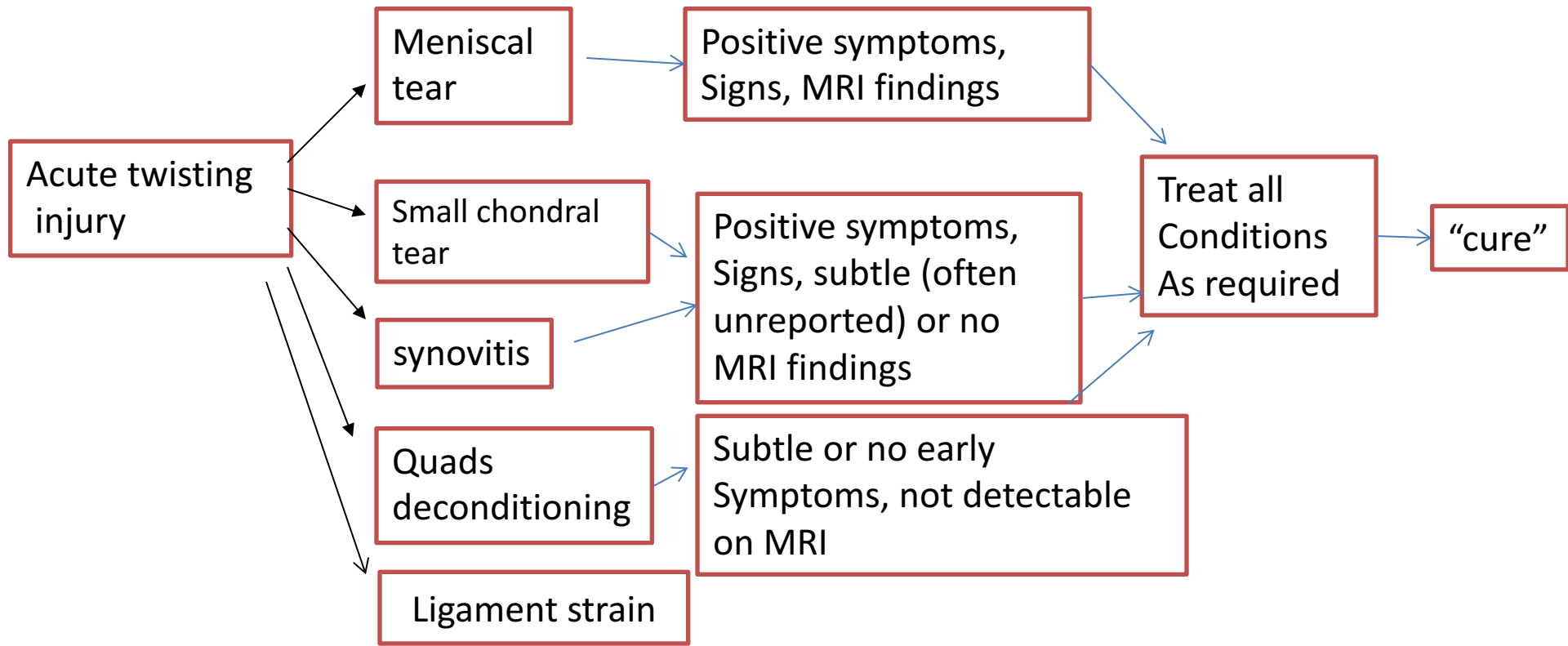
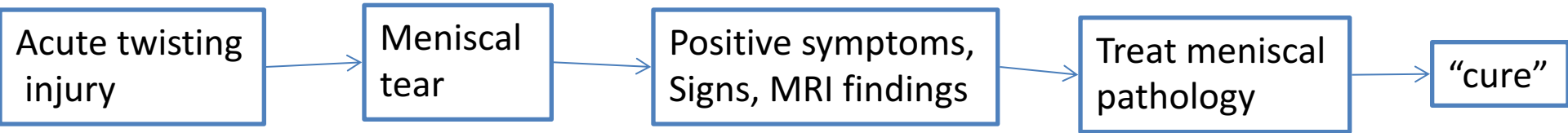
Symptoms

Signs

X-ray / MR findings



# Beware linear thinking: theoretic Vs real world: > 1 thing occurs simultaneously

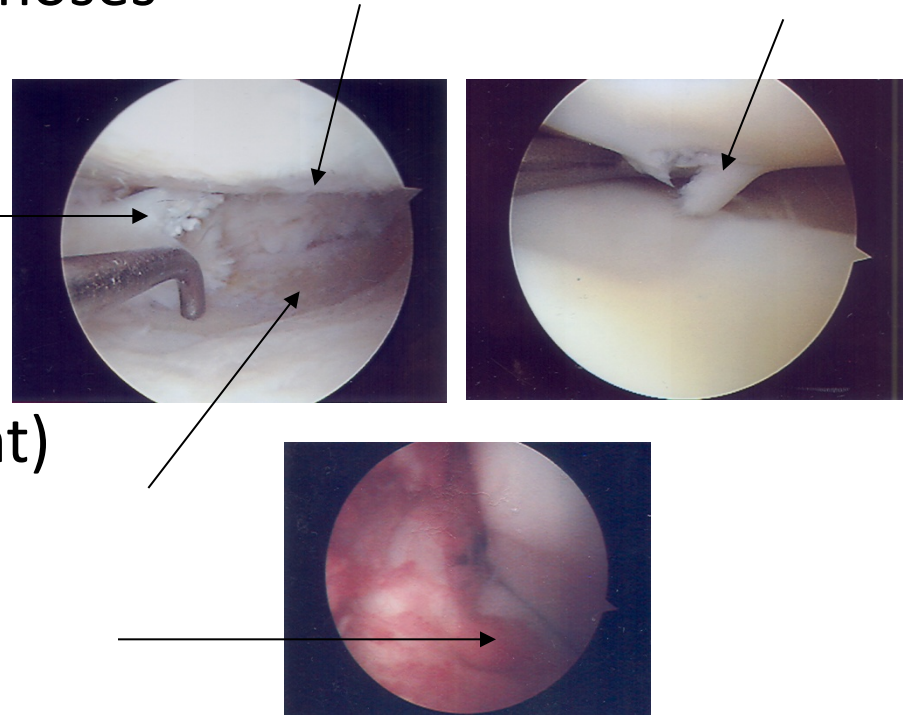


# Pathology Factors & complexity: may make $\Delta$ tricky

- What is the source of pain?
- Functional Vs anatomic diagnoses

- Classification system:

- Intra-articular (structures)
- Synovitic
- Extra-articular (local / distant)
- Neuropathic (local / distant)
- Combinations





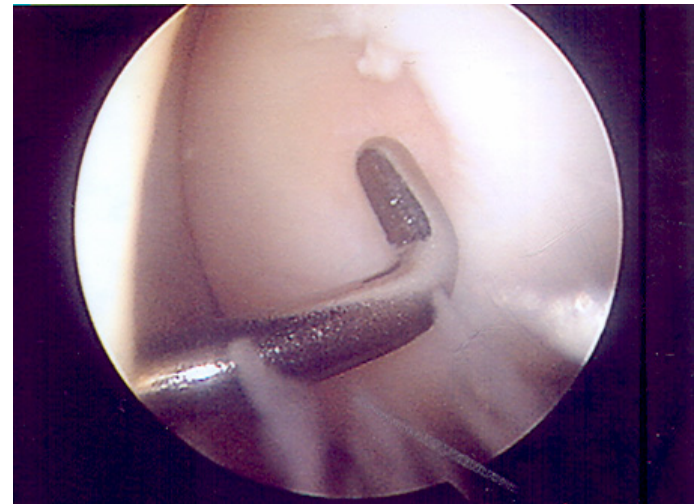
# Investigations

- X-rays – correct views, ideally AP standing
- MRI scan (soft tissues) / CT scan (bone)
- Bone scan – TJR complications, stress or other fractures
- Bloods: pre-op work-up + Calcium profile / Ift's most important for bone pathology.
- Urine: MSU, paraproteins

Beware: PC 42m xr “mild joint space narrowing only”,  
MRI: minor degenerative chondral and meniscal wear  
only



Scope due to on-  
going Sx & +ve  
signs:  
Bare bone lesion



Beware reliance on MRI. Atypical / mismatched findings. MR reported normal.

27f, 380786, anterior knee pain – a/m

