

Soft Tissue Injury of the Knee

Knee 4

Fracture Care Team: Shared Care Plan

Trust Switchboard for both sites: 0300 131 4500

Fracture clinic and orthopaedic outpatient appointments:

- Eastbourne 0300 131 4788
- Conquest 0300 131 4861

Casting Department: Eastbourne 0300 131 5564

Casting Department: Conquest 0300 131 4860

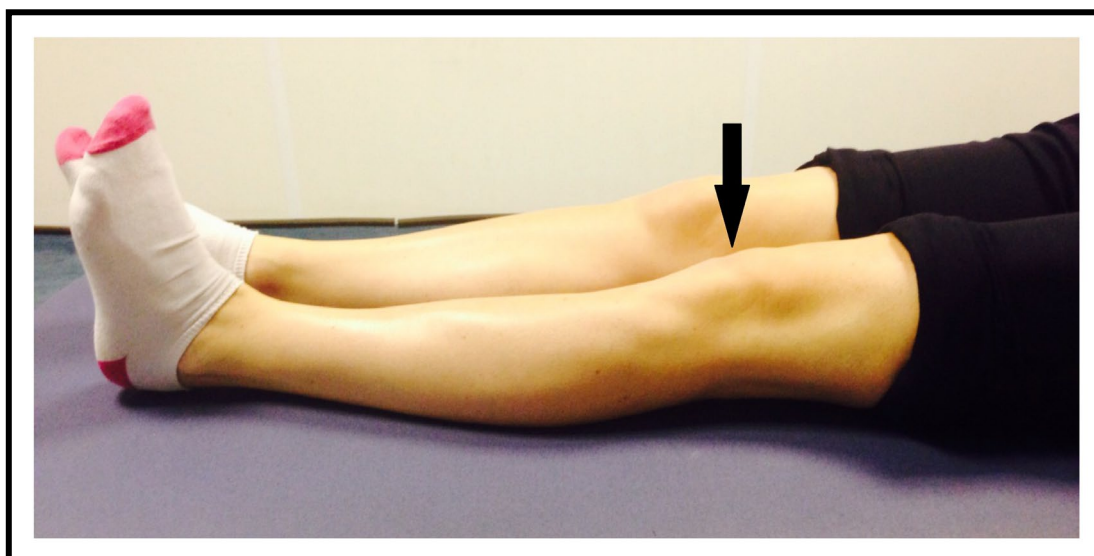
This information leaflet explains the ongoing management of your injury.

You have sustained a soft tissue injury to your knee. You can walk on your leg as comfort allows. You can use crutches and/or a splint if supplied by the Emergency Department. Your knee may be swollen. Resting and elevating it will help. Take pain killers as prescribed. If you are worried that you are unable to follow this rehabilitation plan, or have any questions, then please phone the Fracture Care Team for advice. Soft tissue injuries can take approximately 3 months to heal, and you will need to adjust your activity level until your movement returns and your pain has reduced.

If you are experiencing pain or symptoms, other than at the site of the original injury or surrounding area, please get in touch using the telephone number at the top of this letter.

You may have an appointment in fracture clinic where we will assess your knee once the immediate pain and swelling has decreased. The Specialist will decide if further treatment is required.

Picture of injury -



Please follow the Management / Rehabilitation plan shown below:

Weeks since injury	Rehabilitation plan
0 - 3	<p>If given a splint in the Emergency Department you can wear this as required. The splint can be removed to apply cold packs and to start gentle exercises shown below.</p> <p>The splint can be worn either under or over your clothes depending on what you find most comfortable as seen in picture.</p> <p>You are allowed to put weight through the leg as is comfortable, with or without crutches.</p>
3 - 6	<p>You should gradually do more activity and may use the splint and crutches less.</p> <p>Your knee should not give way when walking.</p>

Initial advice

Cold packs:

A cold pack (ice pack or frozen peas wrapped in a damp towel) can provide short term pain relief. Apply this to the sore area for up to 15 minutes, every few hours ensuring the ice is never in direct contact with the skin.

Rest and Elevation:

Try to rest the foot for the first 24-72 hours to allow the early stage of healing to begin. Raise your ankle above the level of your hips to reduce swelling. You can use pillows or a stool to keep your foot up.

Early weight-bearing and exercise:

Early weight bearing (putting weight through your injured leg whilst wearing the splint) helps increase the speed of healing.

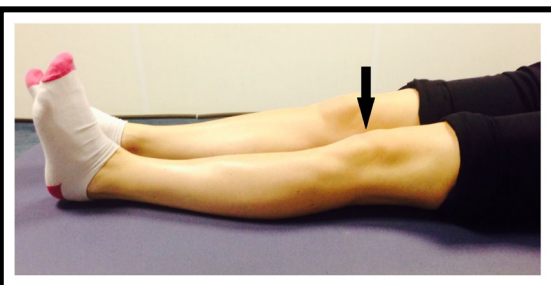
Early movement of the ankle and foot is important for circulation. Follow the exercises below without causing too much pain. These exercises will help the healing process.

Fitting the Cricket pad splint



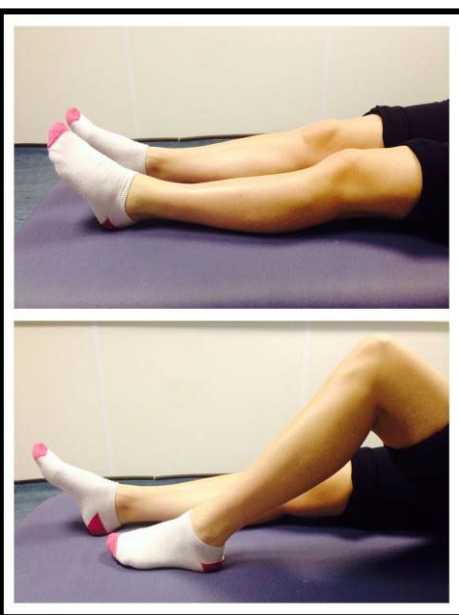
Place cricket pad splint on the leg so that your patella (kneecap) is in the middle hole of the splint, as shown below.

Initial exercises to do 3 times a day:



Static Quads:

With your affected leg straight out in front of you, gently tense your thigh muscle and try to flatten your knee further. Hold for 10 seconds and repeat 7-10 times.

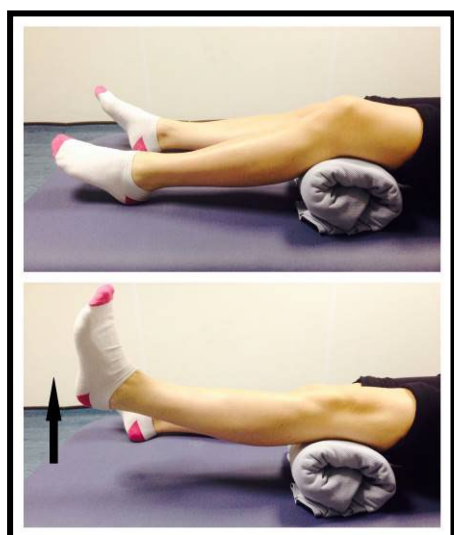


Knee flexion and extension:

Gently bend and straighten your injured leg as pain allows, only going as far as you feel comfortable. Repeat 7-10 times



An advanced version of this exercise is to do it sitting in a chair as shown below. Try to bend and and straighten your knee as your pain allows. Repeat 10 times, holding your leg straight for up to 5 seconds if able.



Inner range Quads:

Place a rolled-up towel or small pillow under your injured knee as shown in the picture. Tense your thigh muscles and try to straighten your knee. Keep the back of your knee in contact with the towel/pillow. Repeat 10 times, holding your leg straight for up to 5 seconds if able.

Sources of information

This information leaflet has been developed by the Fracture Care Team at Brighton and Sussex University Hospitals Fracture Care Team and adapted for use at East Sussex Healthcare NHS Trust. Information updated during the COVID-19 pandemic to ensure that patients with injuries have information, support and care despite social distancing.

Important information

This patient information is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the patient experience team on 0300 131 4784 or esh-tr.patientexperience@nhs.net.

Hand hygiene

We are committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of our leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department on 0300 131 4434 or esh-tr.AccessibleInformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your nurse, practitioner or doctor.

Reference

Thank you to the Brighton and Sussex University Hospitals NHS Trust and to Kate Weatherly, Specialist Orthopaedic Physiotherapist for the first version.

This leaflet can also be found at: www.esht.nhs.uk/leaflet/soft-tissue-injury-of-the-knee-for-review/

The following clinicians have been consulted and agreed this patient information:

Mr Guy Selmon – Consultant Orthopaedic Surgeon
Helen Harper-Smith – Professional Lead Physiotherapist
Hilary Kircher – Clinical / Operational Lead Outpatient Physiotherapist

The Clinical Specialty/Unit that have agreed this patient information leaflet:
Diagnostic, Anaesthetic and Surgery - Department of Trauma and Orthopaedics

Next review date: September 2025
Responsible clinician/author: Helen Harper-Smith – Professional Lead Physiotherapist
Prof Scarlett McNally – Consultant Orthopaedic Surgeon

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