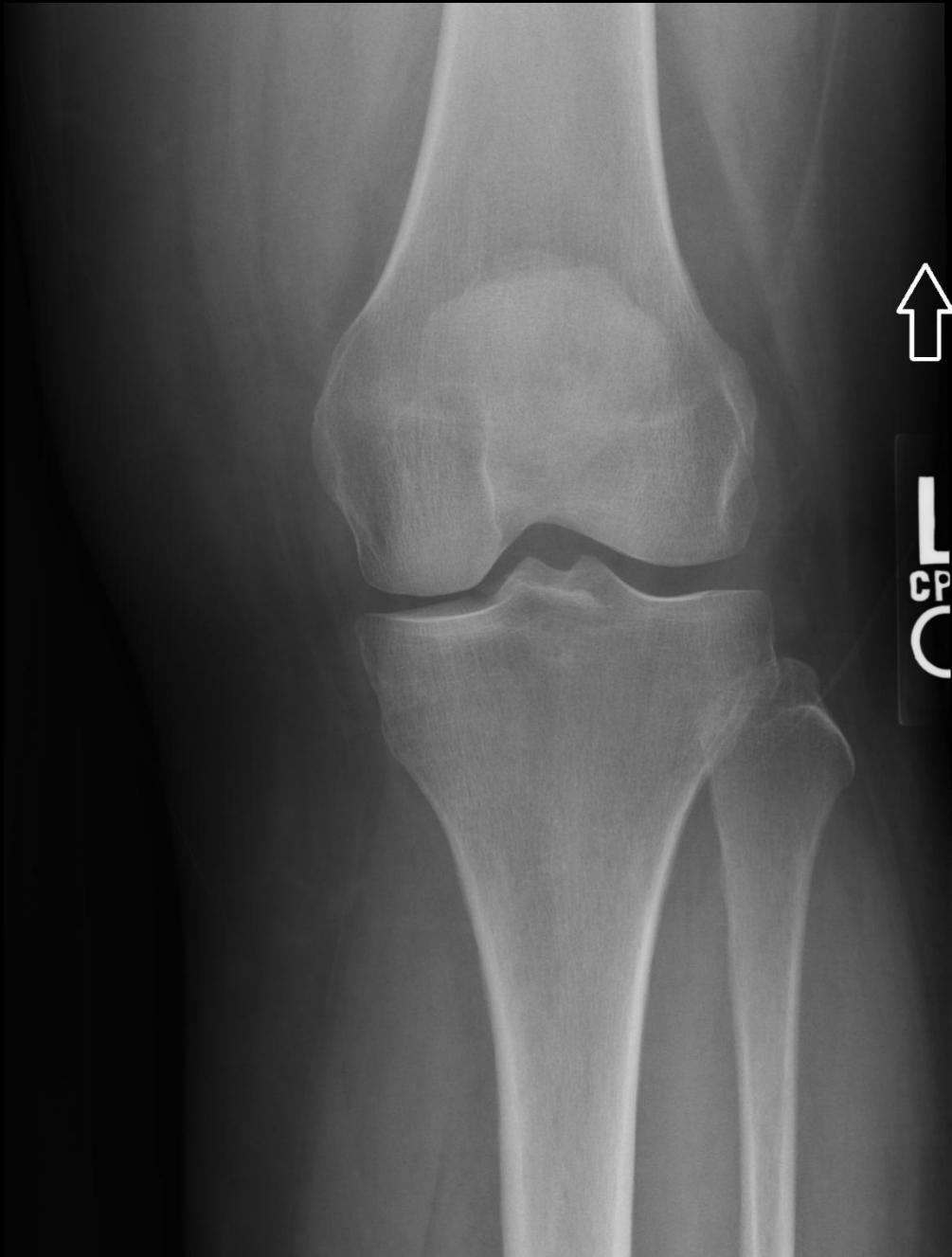
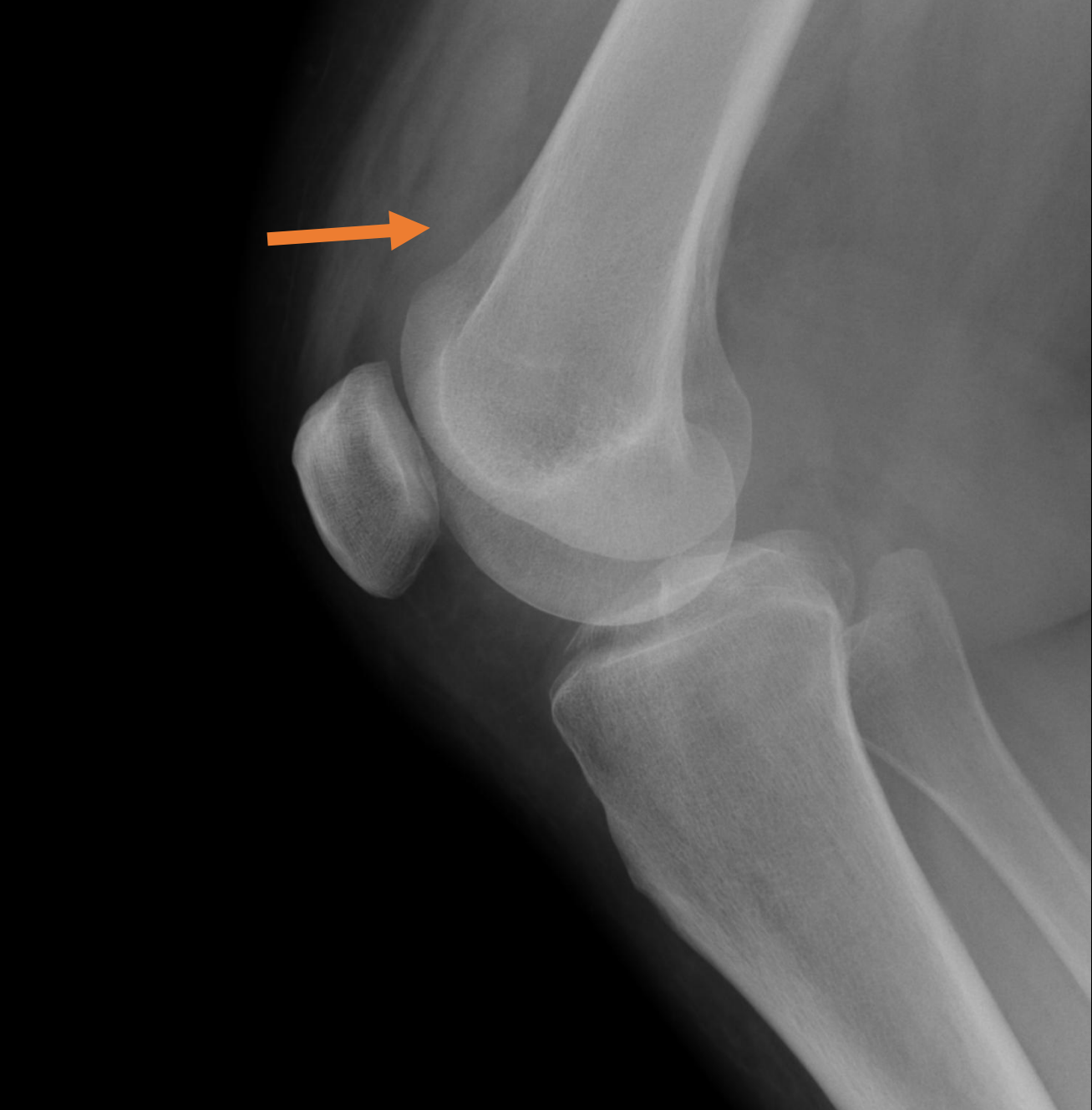
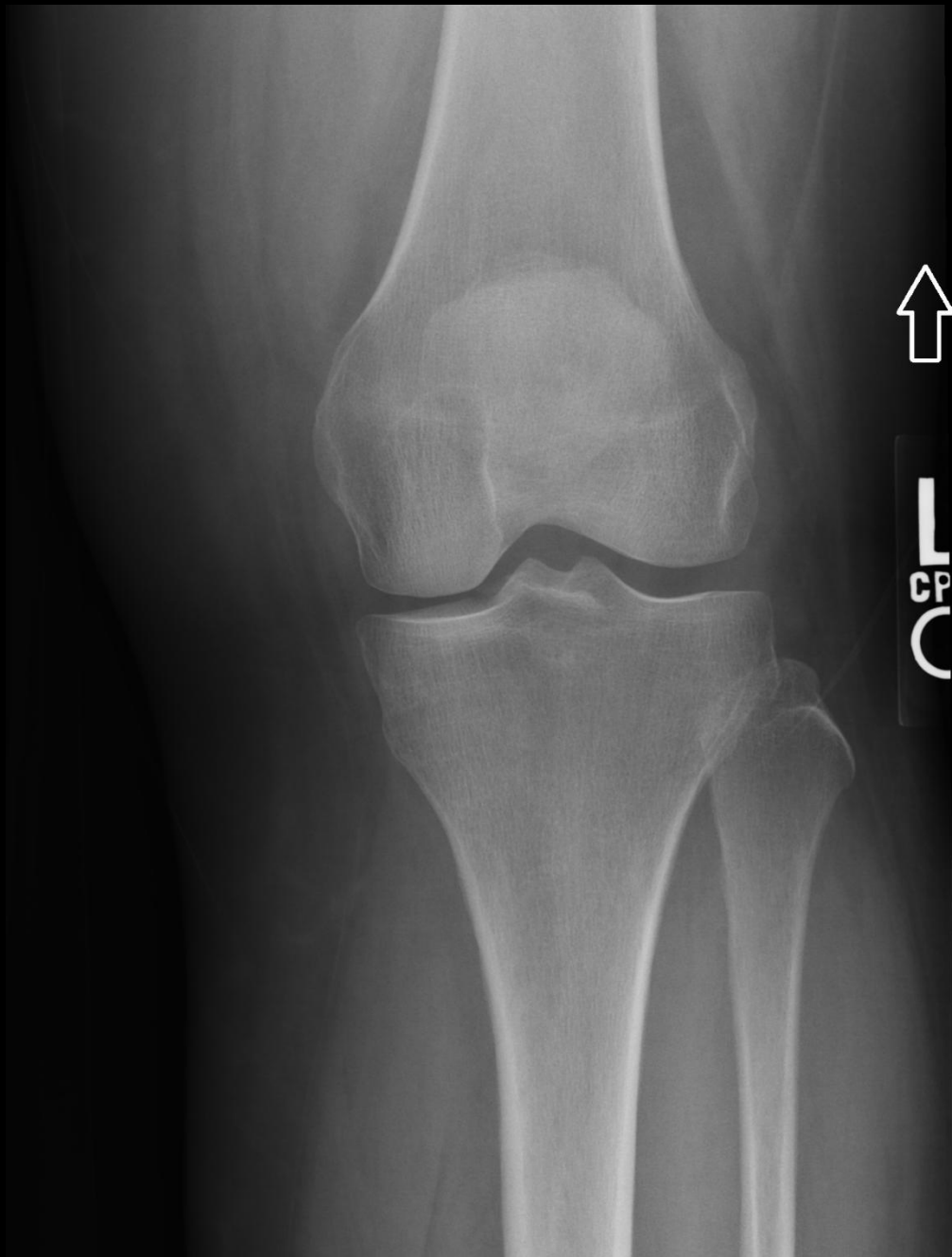
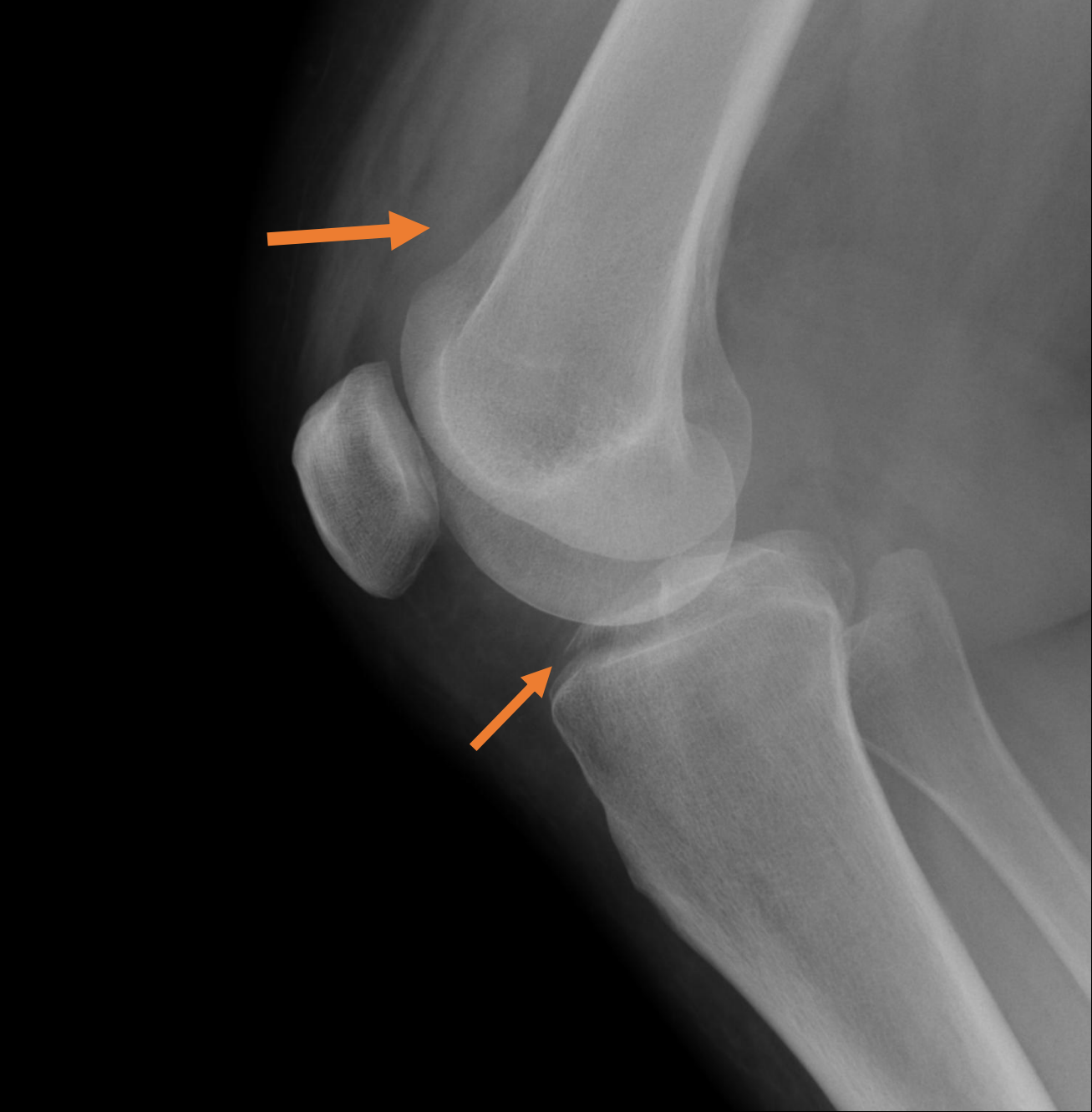
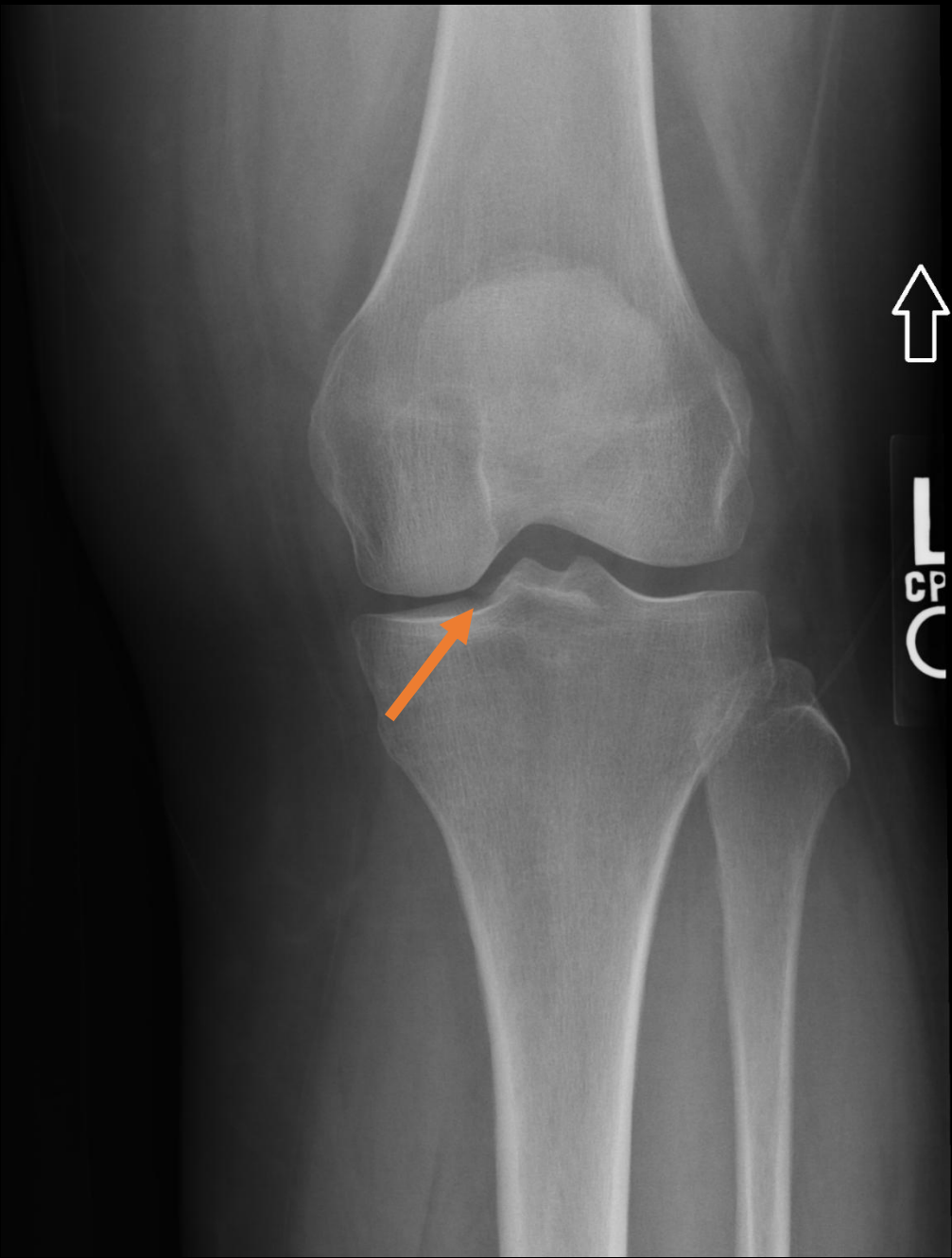


45 F – 2 days left hip and knee pain after a fall

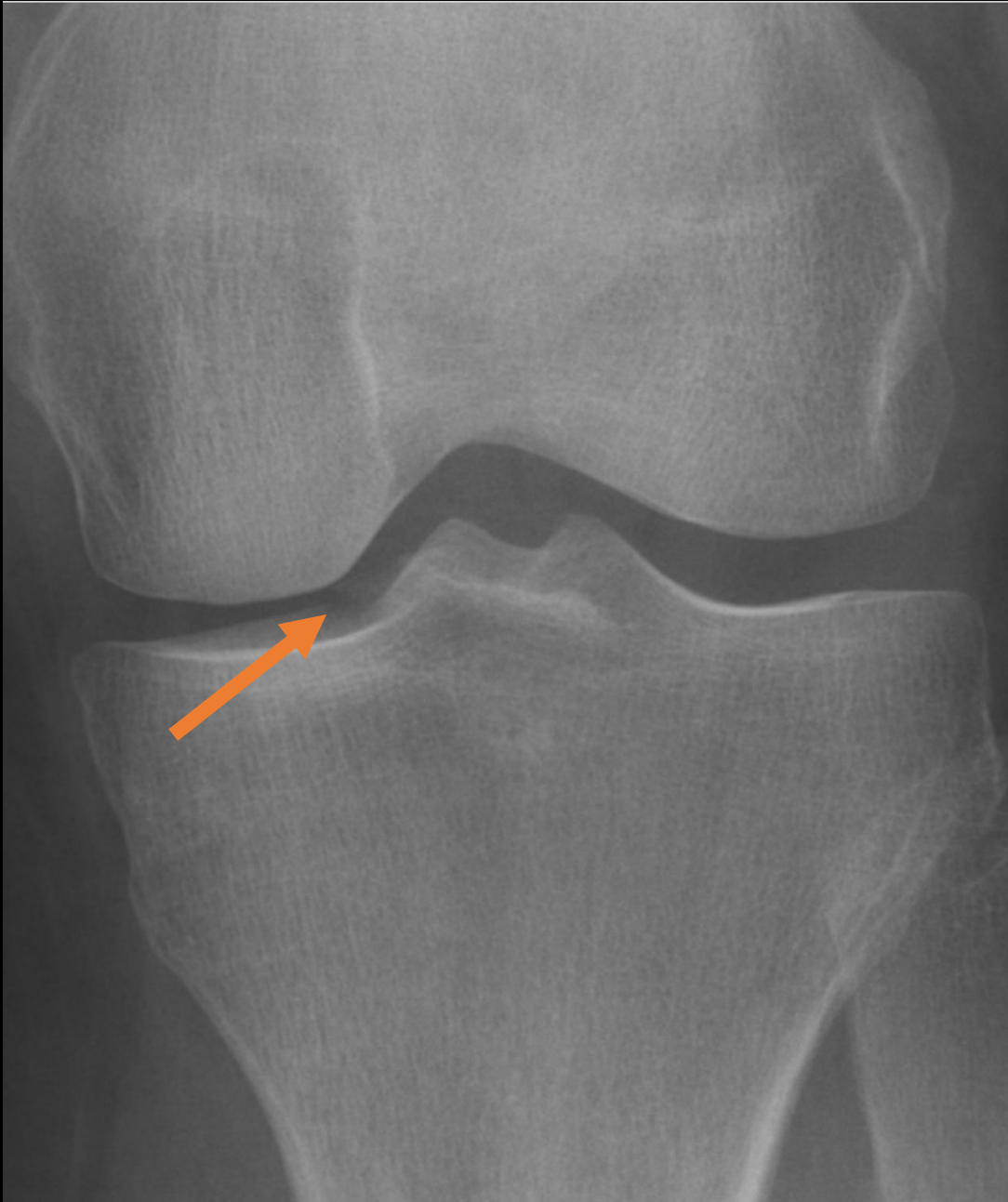
- Stepped on plastic sheet on the carpet that slid underneath her
- Felt and heard a pop in left hip and knee
- Knee feels unstable
- PEx:
 - Medial joint tenderness
 - Limited flex/ex
 - Negative Lachman
 - McMurray deferred
- Plain films done same day...
- MRI ordered

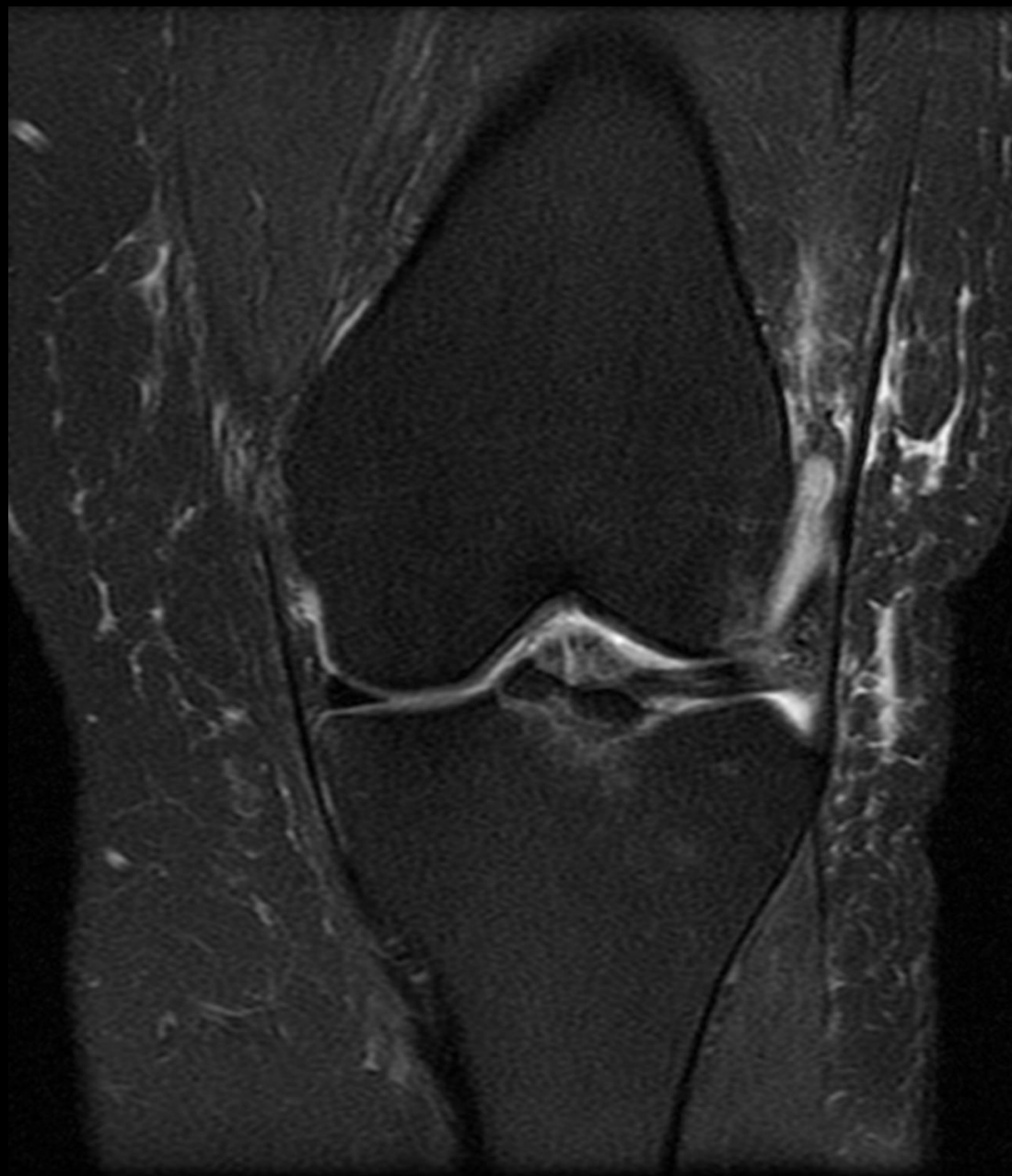


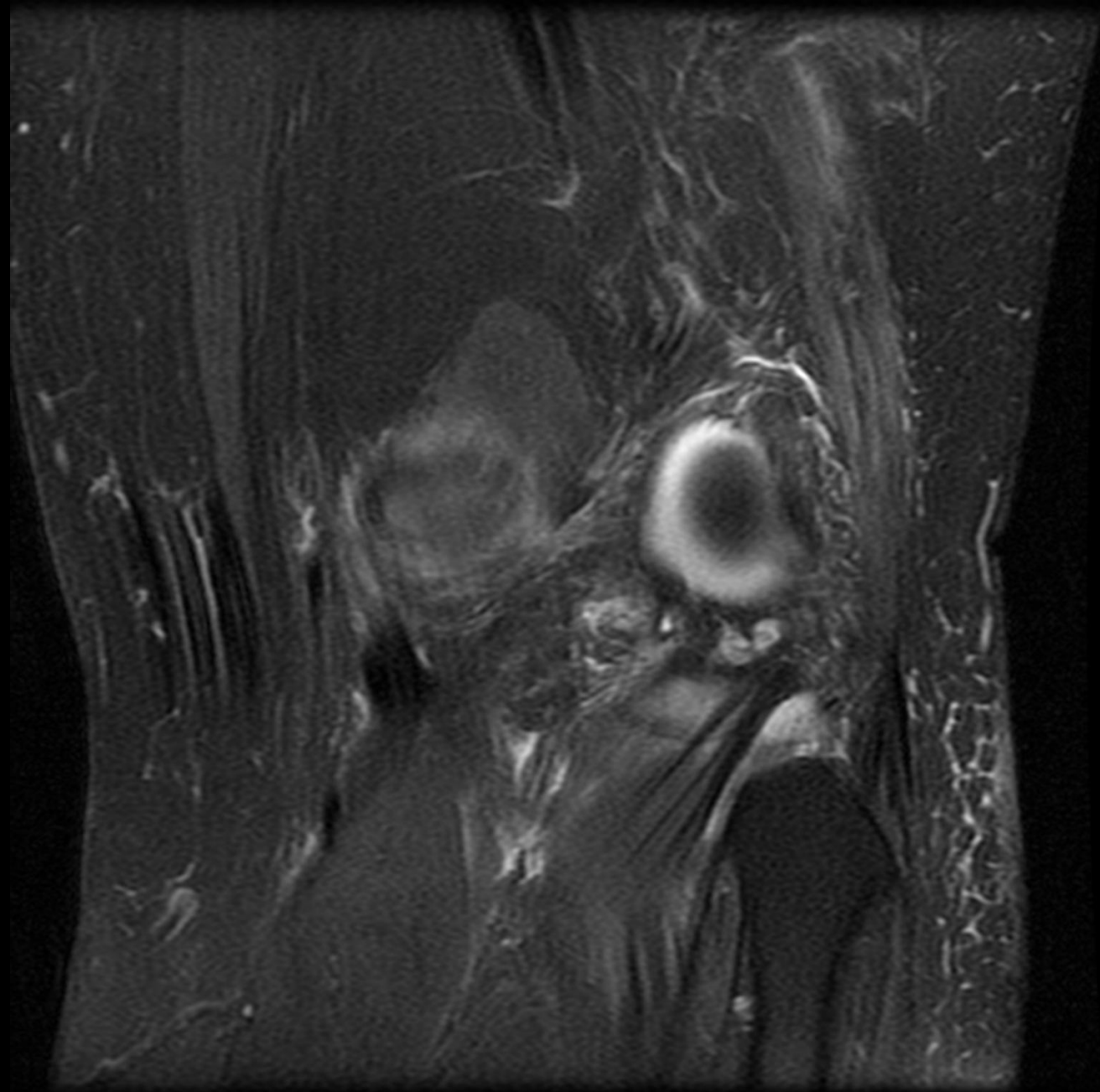
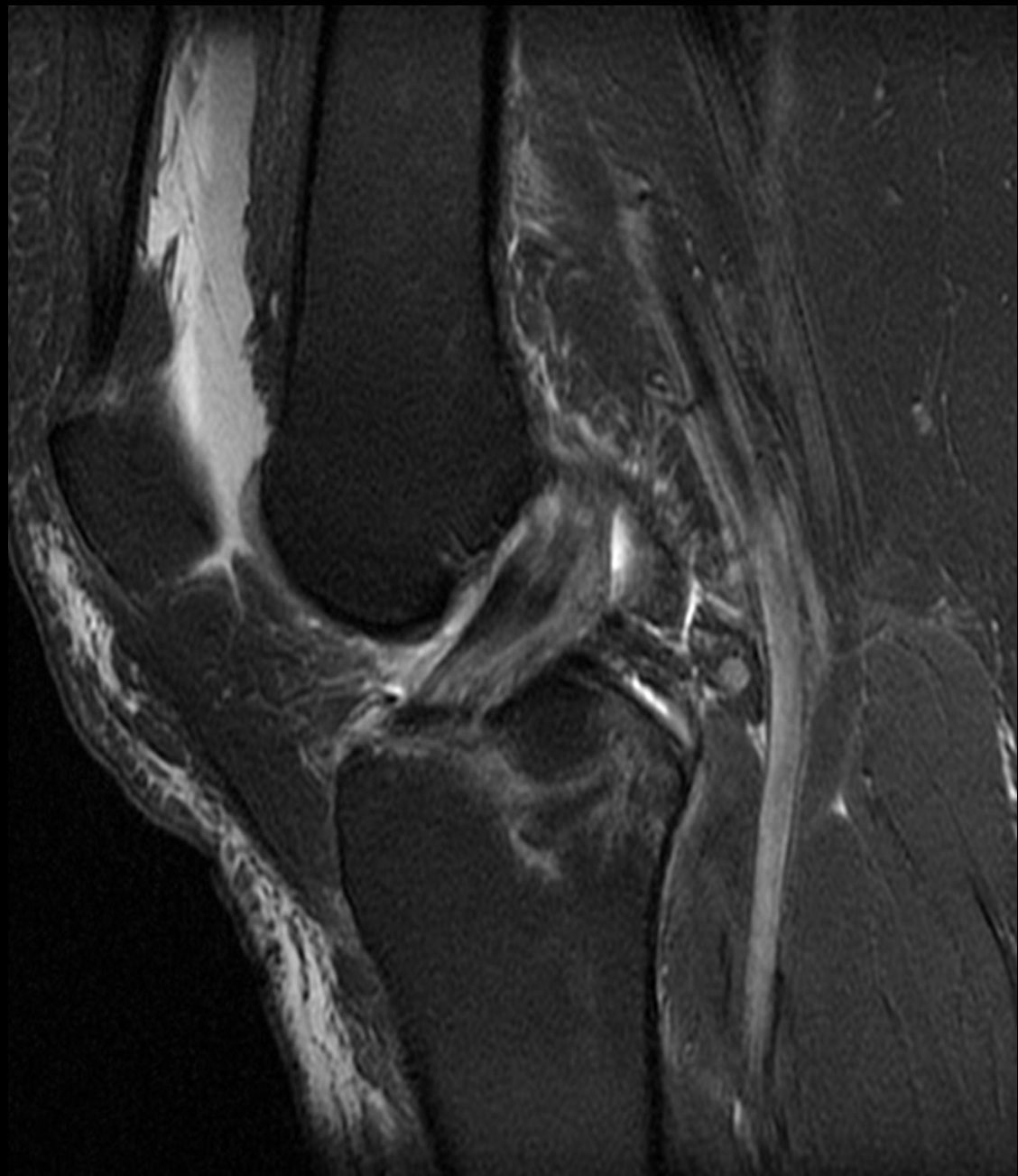










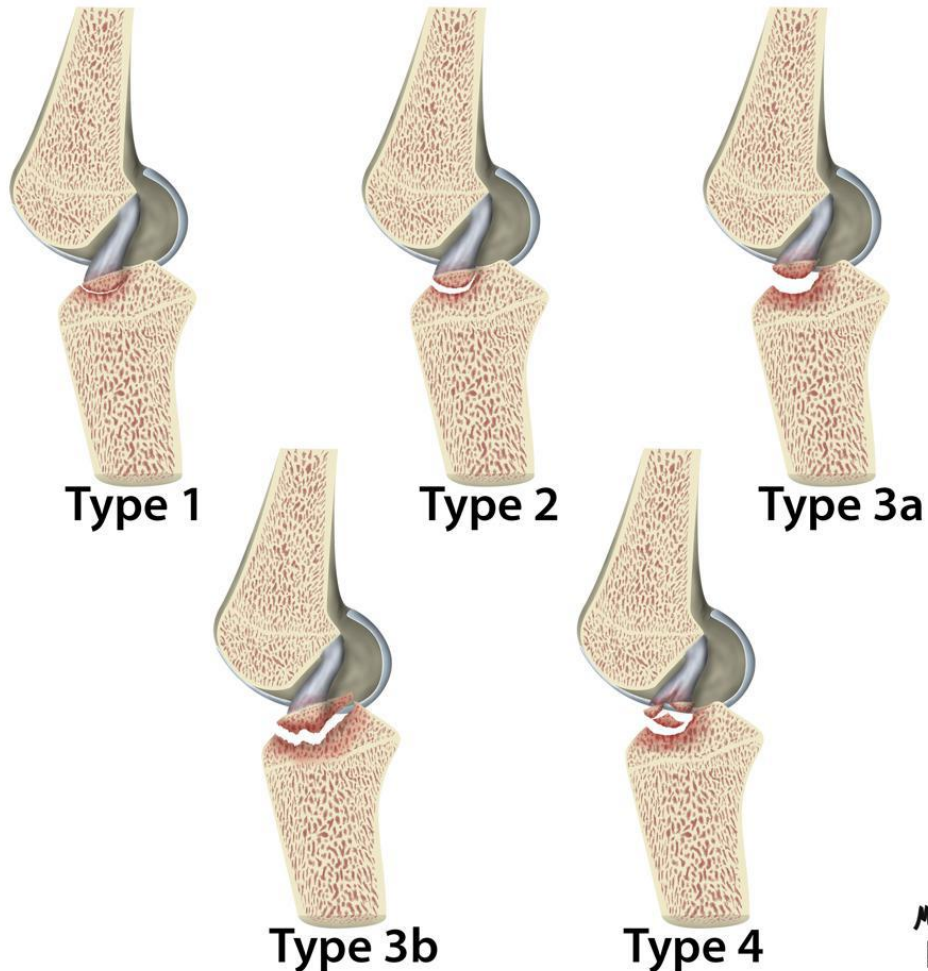


Tibial Eminence Fracture

- Fracture of the bony attachment of ACL
- Rare, most common in ages 8-14; very rare for adults
- Same mechanism of trauma that causes would usually cause ACL tear
- Associated injuries (40%)
 - Meniscal injury
 - Collateral ligamentous injury
 - Capsular damage
 - Osteochondral fracture

Meyers and McKeeever Classification

Classification of ACL avulsion fractures



- I: Nondisplaced (<3 mm)
- II: Minimally displaced with intact posterior hinge
- IIIa: Completely displaced
- IIIb: Type III fracture with rotation/involves majority of eminence
- IV: Completely displaced, rotated, comminuted

Management

- Nonoperative
 - Closed reduction, aspiration of hemarthrosis, immobilization in 0-20° flexion
 - Nondisplaced type I and reducible type II
- Operative
 - ORIF or arthroscopic repair
 - Type III, IV, and unreducible type II
- Complications
 - Arthrofibrosis
 - Growth arrest
 - ACL laxity