Workers Comp Case 2002

HISTORY

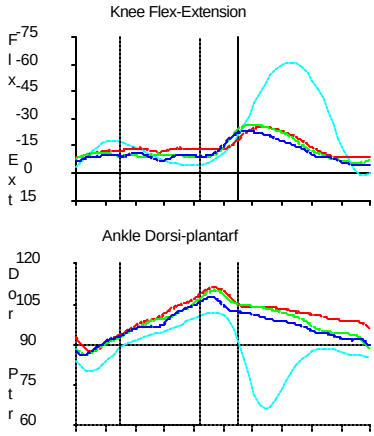
- 18-year-old male who sustained a right knee injury ten months ago while working as a stock room puller
- Per medical reports, the subject dropped a 15-20 pound brake component onto the lateral/posterolateral aspect of the right knee while in a standing position.
- Upon examination four days later, there was no swelling, no ecchymosis, no joint line tenderness, no effusion, normal patellofemoral tracking, no abrasions, and skin/ligamentous integrity was intact.
- Active knee ROM was 0-90° with pain through the last 45 degrees.
- X-rays were negative. Diagnosis was made of contusion lateral aspect of right knee
- He reports that his knee is more unstable as time has progressed.
- He reports that this condition has worsened over the past months.

VISUAL

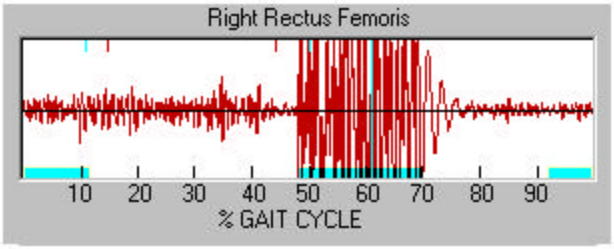
- The subject walks with a slow, antalgic gait pattern holding his right knee stiffly and close to full knee extension

CLINICAL IMPRESSION

- The physical findings reveal a discrepancy between passive ROM in supine and prone knee flexion, with supine knee flexion more limited due to complaints of pain. Passive tibial rotation, performed with a firm grasp at the malleoli, was painfree and unrestricted on the right.
- Spatial and temporal parameter data show a repeatable gait pattern with extreme slowness, with an antalgic right-side pattern.
- Full weight bearing was possible on the right side, as an assistive device was not utilized.
- Kinematic, kinetic and EMG data document a gait pattern with the right knee and ankle held stiffly, preventing normal movement.



- Specifically, EMG activity of the right rectus femoris muscle demonstrates excellent control (whether conscious or subconscious) with normally timed movement to slow knee flexion in late stance, and then halt further flexion of the right knee in swing phase.



TREATMENT RECOMMENDATIONS

- Right stiff knee gait.
- Suggestion of deliberate gait pattern.
- No significant musculoskeletal pathology noted.
- No evidence of abnormal: strength or EMG timing to suggest any type of CNS disorder.