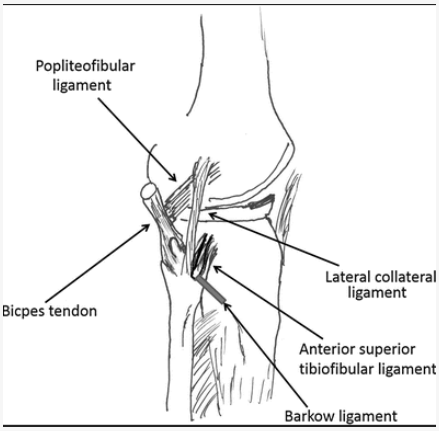
Anatomy



- Synovial, plane joint (gliding)
- Supported by anterior superior ligament, posterior superior ligament, biceps, and popliteus
- Common peroneal nerve wraps around the fibular head - susceptible to injury
- Dissipates torsional stress/lateral tibial bending, transmits axial loads
- Movements: A/P glide (flexion/ext - biceps and LCL loosen), S/I translation, and rotation

Demographics/Risk factors

- All age groups, but mainly affects pre-adolescent females
- Athletes - violent twisting motions with knee flexed (football, soccer, rugby, wrestling, gymnastics, judo, broad jumping, dancing, long jumping, skiing

Presentation

- Usually traumatic (knee flexed under body, twisting with knee flexed)
- Lateral knee pain aggravated by weight bearing or applying pressure over the fibula head
- Can present bilaterally
- Can present with crepitus/joint locking with movement
- Involvement of common peroneal nerve can produce distal numbness/tingling over lateral knee and or foot drop
- Tender, prominent mass over fibular head
- ROM often unremarkable - deficits in knee ext and ankle dorsiflexion can occur
- Assess for concurrent injuries involving bicep/popliteus tendon
- Assess for joint restrictions in spine, pelvic, knee, foot, ankle
- Assess knee stability - LCL, Lateral mensicus
- A/P glide of fibular head bilaterally with knee flexed + superior/inferior (inverting and everting ankle)

Imaging

- Not usually required unless hx of trauma/suspected pathology
- **If recent trauma assess using Ottawa Knee rules:**
- >55 years old
- Tenderness at head of the fibular
- Isolated tenderness of patella
- Inability to flex knee >90 degrees/inability to bear weight both immediately and in the ER for 4 steps
- MRI/US if soft tissue injury is suspected

DDx

- F#
- Dislocation
- Infection
- Neoplasm
- ITB friction syndrome
- Lateral meniscus injury
- Plica
- Fabella syndrome
- Common Peroneal nerve entrapment/neuropathy
- Compartment syndrome
- Tendinitis of biceps/popliteus

Management

- Ice, heat, US, electrical stimulation
- Avoid torsional movements and hyperflexion of the knee
- EMT/mobilisation of proximal tibiofibular joint
- Stretching for thigh and leg muscles
- Strengthening of hamstrings
- Assess for pes planus/hip abductor weakness
- Arch supports
- If hypermobile/instabilty, support brace and knee strengthening
- **If f#/dislocation/chronic instability is present, orthopaedic surgical consult is highly recommended**