BOOK REVIEW

Title: AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS SYMPOSIUM ON THE ATHLETE'S KNEE. SURGICAL REPAIR AND RECONSTRUCTION

Editor: F. James Funk, Jr. MD
Publisher: C. V. Mosby Company, St. Louis, Toronto, London, 1980 209 pages

The book is a record of the proceedings of a meeting of the same title which took place in 1978 and allowances have to be made for the absence of much new material which has emerged since that date.

Twenty-eight contributors, many of world-wide repute, have written 19 chapters which have been edited by Dr. F. James Funk, Jr.

The quality of its content varies like the curate’s egg.

The subject of ligamentous injury to the knee, especially the complex rotatory injuries has been bedevilled with difficult terminology and personal interpretations of the problems, each expert ignoring the views and often the jargon introduced by his predecessors.

The first article is on Clinical Biomechanics and is a good attempt to bring some order and logic to the subject. It starts with an honest statement of ignorance about the value of correct clinical tests for ligamentous injury. It has not always been appreciated that there is a world of difference between clinical joint laxity and functional instability. They divide the lesions into three rotatory ones:

1. Flexion extension and three translations
   1. Antero posterior movement
2. Abduction Adduction
   2. Medial lateral shift
3. Internal external tibial rotation

These are resisted by muscles, ligaments and the shape of the joint surfaces. The ligaments are subdivided into primary and secondary to emphasise the possible complexity of the investigation. They stress the large disparity between the forces applied in a clinical test with those in functional activity and highlight the fallacies produced by serial ligament section experiments on the cadaver.

Further chapters on ligaments and their clinical management follow: acute posterior ligament injuries, acute tears of the lateral complex anterior cruciate ligament loss and antero-lateral rotatory instability (2 chapters). They all go into the subject in some depth. Many interesting and perhaps not too widely understood facts emerge. For example, the importance of the hamstring/quadriceps complex in rehabilitation has been highlighted by using the Cybex for assessment and treatment in anterior cruciate and lateral instabilities.

That acute repairs give poor results and perhaps should be combined routinely with reconstructive procedures.

That one instability will give rise to another as the abnormal stresses stretch the ligaments and damage menisci, for instance, an antero-medial rotatory instability can give rise to an antero-lateral instability and both will then require reconstruction.

The diversity of opinion and debate that makes locomotor surgery so fascinating comes to the fore in the chapters on meniscectomy. Whether to perform a total or partial meniscectomy — the only reasoned arguments and evidence provided settled the debate in favour of a conservative approach and partial meniscectomy.

In discussion on the jumper’s knee the advice given with regards to repair is contrary to one’s own experience. Lesions of the middle third should be sutured back to the bone and not simply from side to side. The remarkable incidence of association with hyperuricaemia is not mentioned.

Chondromalacia of the patella is dealt with fully. One chapter advocates three disastrous procedures, namely cheilectomy, bulla excision and drilling and partial patellectomy or facetectomy. But these are fortunately dismissed in other chapters.

Osteo-chondral injuries, the dislocating and subluxating patella and popliteal cysts are all dealt with conventionally and uncontrovertially.

Altogether a good symposium on the athlete’s knee and should be studied by those interested in their management, in the main a book for the Orthopaedist but contains chapters that can be followed by and will be of interest to para-medical experts in this field.

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