

SE London Primary & Secondary care Orthopaedic Guidelines: Suspected Acute Knee Injury

October 2025

Due for review date: October 2028

Introduction

Primary care guidelines to support the diagnosis and management of Suspected Acute Knee Injury.

This guide has been produced utilising published guidance and in collaboration with clinical and non-clinical staff across the South East London (SEL) Orthopaedic Network, South East London Integrated Care Board, South East London Primary Care representatives, South East London Cancer Alliance, South East London Integrated Medicines Optimisation Committee (IMOC), and with input from other specialty colleagues where relevant.

All prescribing should be in line with the [SEL Joint Medicines Formulary](#).

It is intended to be a guide to assist Primary care colleagues in decision making and does not replace clinical judgement.

We encourage users of this document to seek advice from primary or secondary care colleagues when they are unsure, the later using established communication channels (e.g. Consultant Connect, e-RS Advice and Guidance).

Shortages of medicines are becoming a frequent issue that hinders patients getting access to their medicines in a timely manner. Please see the medicines supply tool, which can be accessed from the [SPS website](#) (registration required for access). The tool provides up to date information on medication shortages and also includes advice on the prescribing of alternative products. Once supply resolves, patients should be transferred back to their original formulary option, following discussion with patients that original formulary option is appropriate

Authors and Governance

Version	Date signed off	Date of next review
V1.0	15 October 25	October 2028

These guidelines have been drawn up with input from a number of clinicians across South East London (SEL). Key authors include Mr Jonathan Bird (Orthopaedic Surgeon) , Mr James Bliss (Orthopaedic Surgeon) , Mr Barry Andrews (Orthopaedic Surgeon), Rashida Pickford (Consultant Physiotherapist) and a number of other clinical specialists across SEL and Dr Nuala Hale (GP & SEL Primary Care Lead for Orthopaedics).

The guidelines were reviewed and signed off in SEL Orthopaedic Clinical Delivery Group and by the SEL Orthopaedic Network Board.

Medicines and prescribing recommendations made within these guidelines have been reviewed and approved by the SEL Integrated Medicines Optimisation Committee (IMOC).

Guidelines have also been circulated to LMC representatives, Planned Care Leads in each borough, SEL Cancer Alliance, SEL GP Cancer Leads, and all SELGP's via the bulletin for review and comment. The guidelines have also been reviewed by the Divisional Governance Committee in each trust as required.

Guidelines for Suspected Acute Knee Injury

Patient contacts GP with knee injury that has occurred within the previous 4 weeks

Initial assessment undertaken

History

Key aspects of the history to gather:

- **Mechanism of injury:** Was there a specific event, like a fall, twisting, or direct impact? Was there a pop or strange noise heard around the knee at the time of injury?
- **Timing of symptoms:** When did the pain and swelling start? Was it immediate or gradual?
- **Nature of pain:** Describe the pain (sharp, dull, aching), location, and any associated sensations like ripping or tearing.
- **Swelling:** Is the swelling rapid, localized, or diffuse?
- **Instability or locking:** Does the knee give way, lock, catch or clunk when moving?
- **Previous injuries or conditions:** Any history of knee injuries, surgeries, or medical conditions like arthritis.
- **Functional limitations:** What activities are difficult or impossible to perform?
- **Management so far:** Did you attend A&E or Urgent Care at the time of injury? If so, what investigations were done there?

Examination of the knee | Versus Arthritis

While the patient is walking and with the patient standing -

- Assess the patient's gait
- Look for varus/valgus deformity, swelling over the anterior aspect of the knee and the popliteal region

With the patient lying on the couch -

- Look from the end of the couch for varus/valgus deformity, muscle wasting, scars, swelling or asymmetry of the legs when lying on the couch
- Assess the skin temperature
- With the knee slightly flexed palpate the joint line and the borders of the patella
- Feel the popliteal fossa
- Perform a patella tap and cross fluctuation (bulge sign)
- Assess full flexion and extension (actively and passively)
- Assess stability of knee ligaments
 - Medial Collateral; Valgus Stress Test
 - Lateral Collateral; Varus Stress Test
 - Anterior Cruciate; Anterior drawer test or Lachman's Test
 - Posterior Cruciate; Posterior drawer test or Posterior sag
- Straight Leg Raise to assess the Extensor Tendons and rule out rupture
- Compare the injured knee with the contralateral side

RADIOLOGY

Ottawa knee rules - [Ottawa Knee Rule](#)

The Ottawa Knee Rules should be applied to all patients aged 2 and older with knee pain/tenderness in the setting of trauma

- Ottawa rule positive
- Major effusion or Suspected hemarthrosis
- Suspected Fracture
- Knee (tibio-femoral) dislocation
- Open wound around the knee
- Neurovascular Compromise or foot drop with history of injury
- Extensor mechanism disruption (unable to actively extend the knee)
- Unable to weight bear

Acute Knee Injury With;

- A locked knee/block to extension (acute/chronic) and Ottawa knee rules negative

OR

- Swelling within 24 hours of injury (not OA flare up)
- Ligament or patella instability
- Ottawa knee rules negative
- 1st time patella dislocation
- **Paediatric patients where examination findings are difficult to interpret.**

Differential Diagnosis

- Meniscal tear with fixed flexion deformity
- Osteochondral fracture
- Loose Body associated with trauma
- Stump/Rupture of ACL
- PCL Rupture? combined Cruciate Injury
- ACL Rupture
- MCL/LCL injury
- 1st time patella dislocation

- Patients with minor swelling after 24hrs of injury and associated pain or stiffness
- Ottawa knee rules negative

Differential diagnosis

- Torn Meniscus-degenerative/not locked
- Simple knee sprain
- Soft tissue contusion

Consider

- FCP Consultation
- Physiotherapy
- Advice (see patient resources)
- Activity modification
- **PRICE**
- **Range of movement and simple quads exercises**
- Consider analgesia requirements including OTC analgesics.

Refer to ED

Refer to Acute Knee Clinic

Use Acute Injury Referral form
([hyperlink](#))

If no improvement with above interventions or high symptom burden refer to your borough MSK SPOA service

Guidelines for Suspected Acute Knee Injury

Acute Meniscus Injury

- Recent twisting injury
- Swelling
- May present with true locking or giving way
- May have block to knee extension
- Localised joint line pain and tenderness

Ligamentous Injury

- History of significant twisting injury
- Audible ‘Pop’ at the time of injury
- Rapid swelling
- Instability Symptoms; sensation of knee twisting side to side or giving way when weight bearing
- Difficulty weight bearing
- Ligamentous laxity on examination; Lachman test, Anterior Drawer test, collateral ligament stress test

Features of the Acute Knee Injury

Patella Instability

- Clear history of patella dislocation (usually lateral)
- Quick swelling
- Patella apprehension test positive
- J test positive

Overload knee pain

- Triggered by increase in activity levels
- No history of trauma or injury
- May have muscle weakness
- Common in degenerative/OA knee

NOT SUITABLE FOR REFERRAL TO THE ACUTE KNEE INJURY CLINIC

References

- [Best Practice Management for ACL Injuries](#)
- [Best Practice Management for ACL injuries in Children](#)
- [Knee Pain Assessment NICE CKS](#)
- [CKS Analgesia mild to moderate pain](#)

Patient resources

- [KCH Knee Soft Tissue Patient Information Leaflet](#)

Glossary

Abbreviation	Definition
ACL	Anterior Cruciate Ligament
ED	Emergency Department
FCP	First Contact Practitioner
IMOC	Integrated Medicines Optimisation Committee
LCL	Lateral Collateral Ligament
MCL	Medial Collateral Ligament
MSK	Musculoskeletal
OA	Osteoarthritis
OTC	Over the counter
PCL	Posterior Cruciate Ligament
PRICE	Protection, Rest, Ice, Compression, Elevation
SPoA	Single Point of Access