

The Bum Knee

By D.D. Conkwright Jr., M.D.

The knee is a frequent victim of injury in the sport of wrestling. Not a season goes by without one of the wrestlers in the lineup having some sort of knee problem. Many start the season with pre-existing problems, usually in the heavier weights, who just finished a football season. This is not the problem it was several years ago when a wrestler played other sports throughout the year. Now some of your heavier wrestlers have begun to practice wrestling all year round.

The time of the injury, i.e., during a match, during practice, or outside of the sport, will definitely affect the healthcare provider's decision as to what treatment is needed.

The first scenario is a new injury during a match, is the most problematic. It helps if you witness the nature of the injury at the time it takes place. As a matter of fact, this has proven, over years, the most helpful factor in the appraisal of an injury. You can decide whether the injury is in fact severe enough to make an immediate decision to withdraw the wrestler from competition. There is always the persistent problem of the wrestler who might be exaggerating the severity of the injury, perhaps to gain a little oxygen. Fortunately this only seems to happen to the wrestler that already has some preexisting problems.

Due to time constraints, one must make a rapid decision. If the injury is not serious, then you have to decide how important the match is to the wrestler; time left in the match, and is the wrestler winning by a generous point lead. When the trainer or physician goes out on the mat all these things must be running thru his or her mind. This may sound medically unsound, but it really is not. There is one thing that I have learned in the past 48 years in just such situations. No seriously injured wrestler can bear weight on the injured extremity and assuredly cannot do a deep knee bend and get back up. Other than a quick gross check for complete range of movement, obvious joint integrity, swelling, gelling, or locking, you need not

do an in depth exam.

Under the aforementioned findings, the match should continue, unless the wrestler wants to quit, the coach says no (which could be made worse if an illegal move was involved) or you have an anxious parent breathing down your neck. Remember one thing. A seriously injured knee will not allow a wrestler to do his job.

About 20 plus years ago, I was called up by one of my former high school wrestlers. He had injured his knee right before the NCAA tournament. He was told he needed surgery before the tournament. He said he was able to wrestle, but with some discomfort. He finished second in his weight, came back to school and had the surgery.

When a wrestler comes to you with a knee problem, under more favorable circumstances, you can then sit back and do a much more in a depth exam as indicated. Even under these circumstances, you simply recheck the offended knee daily and see if it is at a level of wellness to allow some limited use. If a wrestler walks up to you after a hard practice complaining

about a knee, chances are, it is not a serious injury, especially if he continued to wrestle after he noticed a disturbance in the knee. Keep in mind the wrestler who has a high threshold for pain and is highly motivated; must be rechecked more often and if possible watch the wrestler in action.

Please understand, I am not talking about a wrestler that pops or blows a knee and has to be carried out of the room. This is a whole new scenario, and there is no attempt, by me, to dwell on an obvious severe injury. In my experience, before you get involved in MRI's and extensive over treatment of less severe injuries, take a few days and observe what a good healer "Old Mother Nature" can be.

Treatment of most sprain or strained knees can be handled with ice, whirlpool, thigh muscle exercising, stationary bike and early mobilization. Bracing has not been shown scientifically to do much healing for the knee, but the injured athlete will most likely think it is helping, so do what is necessary to keep the victim of the injury happy.

Remember, if you wrap the knee



"The Clash", Apple Valley, Minnesota. 119 pound Charlie Falck, Apple Valley, won by a fall in 1:26, over Kyle Hendrickson, Wasatch, Utah. Photo by G. Wyatt Schultz.

before a match, be sure to wrap both knees. This will cause some confusion to his opponent.

Below are some general facts regarding knee injuries.

Injuries requiring prompt referral:

1. Intra-articular fractures
2. Grade III Sprain (ligament injury)
3. Grade III Strain (muscle or tendon tear)
4. Mechanically locked knee history

Nature of Injury

1. Was leg straight at time of injury
2. Was the foot fixed at the time of injury
3. Was knee flexed when the knee struck
4. Was the knee hit in the front, back or either side

5. Was there twisting movement with the foot fixed
6. Thigh movement backwards or forward with lower leg fixed
7. Was the leg bearing weight at time of injury

Other Factors

1. Presence of sensation
 - a. Loud popping or snapping sound at moment of injury
 - b. Ripping sensation with the knee bent (usually a patella injury)
 - c. Stretching sensation (pulled or partially torn ligament)
2. Locking of knee (unlocks with force or stays locked)

3. Gelling (when the stiff knee can be gradually straightened without a feeling (popping into place). This is caused by swelling or guarding.
4. Loose knee (very unstable and tends to give out and may cause a fall). This can be a sign of injury to the cartilage or ligament.
5. Immediately disabling (immediate swelling knee, fixed and unable to elicit range of motion).
6. Delayed disability (late onset of swelling, pain or loss in range of movement). This is the most frequent injury type - referred to in earlier paragraphs.
7. Location of pain (more obvious at time of injury). There again level of tolerance to pain, motivation must be considered in this situation. Once swelling and spasm set in, it is hard to localize the site of exact pain.
8. Swelling
 - a. Immediate: hemarthrosis may indicate intra-articulate fractures
 - b. Moderate hemarthrosis: period of 12-24 hours, denotes a possible tear of a ligament or tendon.
 - c. Small effusion: not dark or bluish, soft tissue swelling, medial aspect may signify injury to medial collateral ligament.
 - d. Bruising: 2-3 days later, small hematoma medial or anterior-lateral may signal injury to the patella or medial collateral ligament.

Some years ago, as the story was told to me, there was a very good wrestler who was preparing himself to wrestle in the Olympics that year. During his workout, he sustained an injury to knee. It looked as if he would not be able to compete and would need to undergo surgery. The young wrestler decided to continue his efforts and in order to aid him somewhat from continued trauma he changed his stance, leading with his good leg. Even with such a handicap he competed and won the gold medal. This young wrestler was none other than Dan Gable.

In summary, knee injuries that are not totally incapacitating; can be followed conservatively and the wrestler can continue to use it, being limited by the level of discomfort. The timing of definitive surgery can frequently be put on hold. In these type of cases, it does not have an overall end affect on the repair results. 🏆

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