Background: The purpose of this study was to discuss the MOI in comparison to the diagnosis following a left knee injury. A male college football player with no history of left knee injuries reported he planted his foot in the ground when an opponent’s helmet contacted the tibia anteriorly during competition. The athlete complained of feeling a “pop” at the time of injury, but there was no immediate deformity, discoloration, or severe edema. There was mild effusion at the time of injury which increases in the following days. There was significant point tenderness over the medial femoral and tibial condyles as well as the MCL. Special tests included positive pivot shift, valgus stress, ballotable patella/patella tap, and sweep test.

Differential Diagnosis:
1. Medial collateral ligament sprain
2. Medial meniscal tear
3. Severe bone bruise
4. Fracture at the medial and/or lateral tibial condyle
5. Anterior cruciate ligament and posterior cruciate ligament sprain secondary to MOI

Treatment: Magnetic resonance imaging revealed a non-displaced hair-line fracture to the medial tibial plateau and lateral femoral condyle accompanied by bone bruising, suprapatellar joint effusion and a Bakers cyst. There was no meniscal or MCL pathology. Due to the athlete not being able to weight bear crutches were issued and the athlete was wrapped for support. Conservative treatment was initially used for the athlete including RICE, strength training, and modalities. The athlete did not return to play for three to four weeks, until proper healing took place and doctor clearance was issued. During this time the athlete worked towards return to play by performing cone drills for one week with increasing intensity, he was only able to do forward running drills. The following weeks were more sport specific activities and non contact drills until clearance was issued to return to full activity.

Uniqueness: With the MOI and majority of pain coming from his medial aspect and primarily over the MCL the initial assessment was injury to the MCL and possible meniscus. There was increased valgus to the knee. Effusion was reduced rapidly with in days and no major inflammation presented itself.

Conclusion: The athlete was able to return to full return to play within a month with rehabilitation. After activity the athlete still experiences some soreness and mild edema over the medial aspect of the knee. After ice and rest the athlete is fully functional again.

Keywords: Tibial plateau fracture