

# Maximizing Function After a Torn Meniscus

Advanced repair gives Calvert Hall athlete a long career

*It was a hot August day* on the Calvert Hall School fields and the highly-ranked varsity soccer team was scrimmaging. Midfielder Elliott Crompton aggressively jumped up for a header and, as he came down on the ground, “something weird happened” in his knee. “No big deal,” he thought, and kept playing.

BUT HIS MOM GOT A FRANTIC CALL AT WORK THE NEXT DAY. “I can’t move,” said Elliott, who was sitting at his computer with his knee locked.

His mother rushed home and somehow got Elliott over to see Calvert Hall’s sports trainer Chris Zinn for his opinion. Zinn had a pretty good hunch about what had happened, and Elliott and his mom decided to make an appointment with orthopaedic surgeon Dr. A.J. Detterline, also the team’s physician.

The diagnosis was a pretty common sports injury—a tear to his lateral meniscus, the outer cartilage that cushions the knee.

Then Elliott made another very important decision with his doctor’s guidance. He opted for treatment with a lengthier recovery, but the best possible result. Instead of removing the meniscus, Detterline performed an intricate operation to repair it. In the hands of an expert, this gave Elliott many playing years on his knee.

“There are a fair amount of athletes who don’t want to take the time to recover from a meniscus repair,” explained Detterline, who trained at the Cincinnati Sports Medicine and Orthopaedic Center with Dr. Frank Noyse, a world-renowned knee surgeon and pioneer. “But in our practice, we see patients in their 20s with arthritis due to injuries for which the meniscus was removed. For a lateral-sided injury, arthritis can develop rather rapidly, in as little as a few years.”

“I wanted to give Elliott the best chance to heal,” said Detterline. “No one wants a knee replacement when they’re 35.

I used an inside-out technique, passing seven stitches from inside the joint to outside the joint, forming a U shape around the meniscus.”

Simultaneously, he moved the meniscus back into place while viewing his work through an arthroscopic camera.

AFTER A SEASON OFF, ELLIOTT IS BACK ON THE FIELD.

“Dr. Detterline recognizes the competitiveness of Calvert Hall athletics, but his first and utmost concern is the health and safety of our athletes, which is a most attractive quality,” said Zinn.

*Elliott’s rehabilitation was very comprehensive.*



## A LEG UP ON KNEE CARTILAGE REPAIR.

STATE-OF-THE-ART TECHNIQUES

- **Meniscus Transplant:** Cadaver meniscus transplanted into someone relatively young with good knee alignment and very little arthritis. Done when most of or all the meniscus has been removed.
- **Osteochondral Transplant:** For small, isolated cartilage injuries in the shape of a pothole. Fills in the pothole with the patient’s cartilage taken from a low-stress area.
- **Chondrocyte Implantation:** Cartilage cells are harvested through an arthroscopic procedure and stimulated to grow in the laboratory, then replanted into the knee.
- **Bone Marrow Stimulation:** Small perforations are made in the bone arthroscopically to stimulate formation of a scar cartilage.
- **The bottom line:** “There are options to help people remain active and do the things they enjoy while keeping them pain and symptom-free,” said Detterline.



Dr. A. J. Detterline (left) with Chris Zinn, Calvert Hall School trainer.

### LECTURE SERIES

#### THE NEED FOR GOOD KNEES:

By Dr. A.J. Detterline  
Thursday, October 8, 7 p.m.  
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