



**Kalyani's
Knee & Shoulder
Clinic**

कल्याणी घुटना एवम कंधा क्लिनिक

Sports Injury

Early Recognition, Treatment & Return to Sport

Patient Awareness | Knee, Shoulder & Arthroscopy Care

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What is a sports injury? A sports injury is damage to muscles, ligaments, tendons, cartilage, bones or joints during sport, exercise, gym activity, running, jumping, twisting or collision. Injuries may be sudden or may develop gradually due to overuse.

Early recognition focus: Early diagnosis and correct treatment can prevent repeated instability, stiffness, muscle weakness, meniscus or cartilage damage and delayed return to sport. Pain should not be ignored when it is associated with swelling, locking, weakness or loss of function.

Common modes of sports injury

- Twisting or pivoting injury with the foot planted.
- Sudden stop, change of direction or awkward landing.
- Direct collision, fall, tackle or road traffic trauma.
- Overhead throwing, serving, lifting or gym-related overload.
- Repetitive running, jumping or training without adequate recovery.
- Poor warm-up, weak muscles, poor technique or returning too early after previous injury.

Symptoms that should not be ignored

- Pop, snap or tearing sensation during injury.
- Rapid swelling, bruising or inability to continue sport.
- Joint giving way, instability or repeated buckling.
- Mechanical symptoms: locking, catching, clicking or something stuck inside the joint.
- Loss of movement, stiffness or inability to fully straighten/bend.
- Weakness, numbness, deformity or inability to bear weight.
- Pain that persists despite rest or keeps returning with sport.

Urgent consultation is needed if

- Severe pain, marked swelling, deformity or suspected fracture/dislocation.
- Locked knee or shoulder that cannot move normally.
- Repeated giving-way episodes after knee or shoulder injury.
- Numbness, cold limb, open wound or vascular/nerve symptoms.
- Young athlete with major twist, pop, swelling or instability.

Why early treatment matters

Prevents worsening: untreated ligament, meniscus, cartilage or labral injuries may worsen with repeated sport.

Protects cartilage: early meniscus/labrum preservation helps reduce abnormal joint loading.

Restores confidence: proper diagnosis and rehab reduce fear of movement and re-injury.

Avoids stiffness: delayed treatment can cause stiffness, muscle wasting and altered movement patterns.

Guides safe return: objective strength, balance and sport-specific testing reduce premature return.

Assessment at sports injury clinic

History: sport, injury mechanism, pop, swelling timing, locking, instability, workload and previous injuries.

Examination: swelling, tenderness, range of motion, strength, stability, gait and functional movement tests.

Imaging: X-ray for fracture/bony injury; MRI or ultrasound for ligaments, tendons, meniscus, labrum or cartilage.

Planning: treatment is based on age, sport level, job demands, injury type and recovery goals.

Special mention: knee-related sports injuries

Injury	Common symptoms	Treatment focus
ACL injury	Pop, swelling, giving way, pivoting instability.	Rehabilitation, bracing in selected cases, ACL reconstruction/repair when indicated.
Meniscus tear	Joint line pain, swelling, locking, catching, painful squat.	Meniscus repair strongly preferred when repairable; partial trimming only when not repairable.
PCL / MCL / PLC injury	Instability, pain after direct blow, valgus/varus or hyperextension injury.	Brace and rehab for selected grades; reconstruction/repair for severe or combined injuries.
Cartilage injury	Deep pain, swelling, catching, activity-related pain.	Activity modification, injections in selected cases, arthroscopy/cartilage restoration when indicated.
Patellar instability	Kneecap slipping, swelling, apprehension, recurrent dislocation.	Physiotherapy, bracing, MPFL reconstruction or alignment correction in selected cases.

Knee preservation message

- The knee depends on stable ligaments, healthy meniscus and smooth cartilage.
- Repeated giving-way can damage the meniscus and cartilage.
- Meniscus repair and cartilage preservation are important for long-term joint health.
- Rehabilitation restores swelling control, full motion, strength, balance and landing mechanics.
- Return to sport should be based on objective testing, not only absence of pain.

Special mention: shoulder-related sports injuries

Injury	Common symptoms	Treatment focus
Recurrent shoulder dislocation	Shoulder slipping, apprehension, pain after throw/tackle/fall.	Bankart repair, remplissage or bony procedure depending on labrum and bone loss.
SLAP tear	Deep pain, clicking, throwing pain, loss of power.	Rehab, biceps/labrum assessment, SLAP repair or biceps tenodesis when indicated.
Rotator cuff tear	Painful arc, night pain, weakness, difficulty lifting arm.	Physiotherapy, injections in selected cases, arthroscopic repair if suitable.
AC joint injury	Pain on top of shoulder after fall, cross-body pain.	Sling/rehab for low grades; fixation/reconstruction for selected high grades.
Thrower's shoulder / impingement	Overhead pain, fatigue, scapular control problems.	Technique correction, posterior capsule stretch, cuff/scapular strengthening, arthroscopy if structural lesions persist.

Treatment options for sports injuries

Non-surgical / rehabilitation-based care

- Protection, rest, ice, compression, elevation and pain control in the acute phase.
- Physiotherapy to restore movement, strength, balance, agility and sport-specific control.
- Bracing or taping for selected ligament injuries or instability patterns.
- Activity modification and staged return-to-training plan.
- Medicines or injections may be considered in selected inflammatory or pain conditions.
- Education on warm-up, technique, workload, footwear and prevention of re-injury.

Surgical / procedure-based care

- Arthroscopy for intra-articular knee and shoulder injuries when indicated.
- Ligament repair or reconstruction for unstable ACL, PCL, PLC, MPFL or shoulder instability.
- Meniscus repair, labral repair, rotator cuff repair or cartilage procedures when suitable.
- Fracture fixation or tendon repair for displaced or function-threatening injuries.
- Surgery is considered when instability, mechanical symptoms or structural injury prevents safe function.
- Post-operative rehabilitation is essential for successful return to sport.

Role of arthroscopy in sports injury

What it is: arthroscopy is keyhole surgery using a camera and small instruments inside the joint.
Diagnostic role: it allows direct assessment of meniscus, cartilage, ligaments, labrum, rotator cuff and joint surfaces.
Therapeutic role: the surgeon can repair or reconstruct damaged structures through small portals.
Knee examples: meniscus repair, ACL reconstruction, cartilage treatment, loose body removal and synovial procedures.
Shoulder examples: Bankart repair, remplissage, SLAP repair, biceps tenodesis, rotator cuff repair and subacromial procedures.
Benefits: smaller incisions, better visualisation, targeted treatment and structured rehabilitation.

Return to sport: key milestones

Phase	Main goals	Progression depends on
Pain and swelling control	No significant swelling, resting pain controlled.	Safe walking and daily function.
Movement phase	Full or near-full range of motion restored.	No painful stiffness or guarding.
Strength phase	Quadriceps/hamstrings/cuff/scapular strength rebuilt.	Good strength symmetry and endurance.
Control phase	Balance, landing, cutting, throwing or sport-specific mechanics.	No giving way, catching or apprehension.
Return phase	Gradual practice, then competition when cleared.	Objective testing and surgeon/physio clearance.

Simple patient guide

Problem pattern	What it may suggest	Usual approach
Minor strain / sprain	Pain without major swelling, deformity or instability.	Rest, protection, physiotherapy and gradual return.
Mechanical symptoms	Locking, catching, clicking, stuck feeling.	Early specialist review; MRI/arthroscopy may be needed.
Instability injury	Giving way, slipping shoulder, recurrent buckling.	Rehab plus stabilisation surgery if structural instability persists.
Overuse pain	Gradual pain from running, gym or throwing overload.	Load management, technique correction, strengthening and recovery plan.
High-risk injury	Pop, rapid swelling, inability to bear weight, deformity or nerve symptoms.	Urgent assessment, imaging and early treatment plan.

Injury prevention and safe training advice

- Warm up properly before sport and cool down after training.
- Build strength gradually - sudden workload increase raises injury risk.
- Train balance, landing mechanics, cutting control and shoulder blade control.
- Do not play through swelling, instability, locking or progressive weakness.
- Use correct footwear, equipment and technique for your sport.
- Return to sport should be gradual and supervised after major injury or surgery.

Key message: A sports injury should be recognised early. The right treatment at the right time can protect the joint, reduce complications and help the athlete return safely to activity.

Kalyani's Knee & Shoulder Clinic

For sports injury, knee injury, shoulder injury, arthroscopy, ligament repair, meniscus repair and rehabilitation guidance

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Note: This handout is for patient education only. Final diagnosis and treatment should be individualised after sports injury/orthopaedic consultation, clinical examination and appropriate imaging.