Mechanism of Injury:
Can occur after a direct trauma or a ligament injury to the knee. Can also occur in the shoulder, elbow or ankle. In younger patients Osteochondritis Dissecans can lead to a FCD. In middle aged patients Avascular Necrosis can lead to a FCD

Subjective symptoms:
- Activity related Pain
- Activity related Swelling
- Popping, catching clicking

Objective findings:
Physical Exam:
- Tenderness over the defect area
- Crepitus or catching
- May have associated instability

Imaging:
- Plain x-rays
- MRI

These studies may not be conclusive. Almost all patients with FCD require an arthroscopy for evaluation of further treatment

Natural History:
FCD can remain asymptomatic, particularly if they are small. Once a FCD becomes symptomatic it is likely to progress and lead to larger lesions and arthritis in the opposing joint surfaces.

Non-operative (palliative) Treatment:
- PT
- Activity modification
- NSAIDS
- Viscosupplementation

Operative Treatment:
Palliative:
- Arthroscopy
- Debridement and Lavage

Reparative:
- Microfracture Treatment

Restorative:
- Autologous Chondrocyte Implantation (ACI = Carticel)
- Osteochondral Graft

MMI:
**Non-operative:**
Variable depending on symptoms

**Operative:**
Palliative: 6-8 weeks
Reparative: 4-6 months
Restorative: OC Graft: 4-6 months
ACI: 8-12 months

Work status until MMI:
Needs to be decided individually