

KNEE PAIN

A PRIMER

Knee pain is extremely common. Meniscal tears are like the "sprained ankle" of the knee and are present in a large amount of people without pain. Knee osteoarthritis is now thought to be a chemical phenomenon, meaning that inflammation, diet, and genetics may play a role.

EARLY

Continue to stay active. If swelling exists, focus on getting that better first. Elevate your knee above your heart and continue to move your ankle and knee. Consider ice to reduce pain or a brace to help control your knee. Imaging is not necessary unless your knee is giving way or locking in place.

ANATOMY

The knee is the largest joint in the body and a little like a hinge. Ligaments help stabilize the knee and the meniscus is cartilage that helps cushion the knee.



STRUCTURE

The hip and ankle (above and below) can influence the knee, so fixing problems here is critical. The quadriceps muscle is extremely important for knee strength and function and is often weak after a knee injury.

TREATMENT

The focus should target YOUR specific goals and get you independent with a home program.

This may include:

- Exercises to improve pain
- Exercises to improve mobility of the knee
- Exercises to improve strength and control of the hip
- Exercises to strengthen the quadriceps muscle.
- Stay at work

PROGNOSIS

Prognosis is excellent for knee injuries. Meniscal injuries can take longer, as it has a poor blood supply, but symptoms do tend to resolve. Sometimes, continued pain or stiffness may remain after a major knee injury or surgery.