

Knee pain (general) – the sensation of discomfort in or around the knee joint.

Symptoms: Knee pain is a very common complaint. Up to 20% of the population suffers from knee pain. It can be sharp, dull, burning, or stabbing. Pain can be felt in either the anterior, posterior, medial, or lateral portions of the knee. There are several different causes, from trauma to general wear and tear.

How is it diagnosed?

A thorough patient history and physical exam can lead towards a diagnosis. Tissue specific diagnoses can sometimes be determined using x-ray and advanced imaging techniques such as MRI. Age and location of pain are good diagnostic indicators.

Age		Location of pain	
<u>Children:</u> - Patellar subluxation - Tibial apophysitis - Patellar tendonitis - Osteochondritis dessicans	<u>Adults:</u> - Chondromalacia patella - Medial plica syndrome - Pes anserine bursitis - Inflammatory arthritis - Osteoarthritis - Ligamentous sprains - Meniscal tears - Popliteal cyst	<u>Anterior:</u> - Patellar subluxation - Tibial apophysitis - Patellar tendonitis - Chondromalacia patella <u>Medial:</u> - MCL sprain - Medial meniscus - Pes anserine bursitis - Medial plica syndrome	<u>Lateral:</u> - LCL sprain - Lateral meniscus - ITB tendonitis <u>Posterior:</u> - Bakers cyst - PCL sprain

How is it treated? Treatment depends on the cause of knee pain. Sprains/strains, bursitis, tendonitis, and arthritis follow similar treatment strategies regardless of the anatomical region they are located (see handouts). Referral to the appropriate medical provider is required for the other abovementioned conditions.

Alternative treatments.

NSAID's, steroid injections, hyaluronic injections. Surgery may be indicated if the nature of your injury is severe.

Prognosis: prognosis depends on accurate diagnosis. For example, patellofemoral pain syndromes have a 50% chance of improving while meniscal tears have a very poor prognosis without surgical intervention. See additional handouts on sprain/strain, bursitis, and tendonitis.

Duration of care: Duration of care varies according to type of injury, extent of injury, and response to treatment. Research has shown that 3 to 4 visits per week for 3 to 4 weeks is a reasonable recommendation.