

Anterior Knee Pain

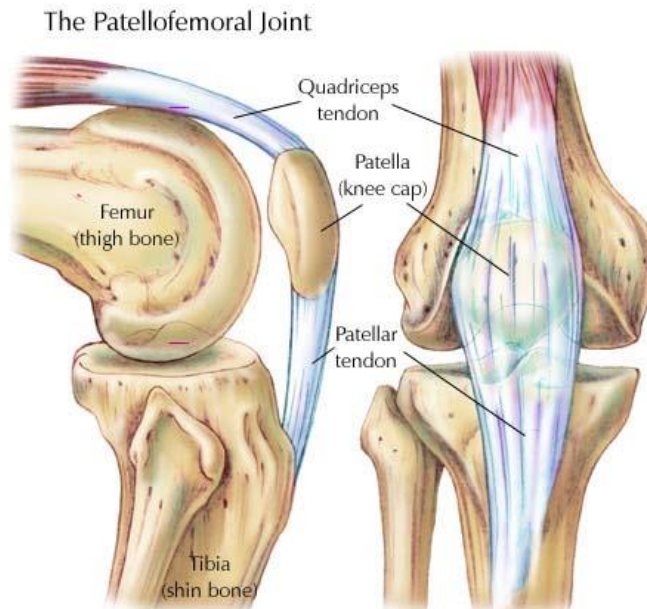
Staff Information Leaflet

This leaflet is designed to give you an understanding of anterior knee pain, the treatment that may be beneficial and some advice on what you can do to help yourself. If your symptoms persist you should seek advice from your GP or Occupational health service

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Introduction

Anterior knee pain (AKP) is a description given to pain affecting the front of the knee. There are several causes of AKP, most of which can be addressed with activity modification, exercise and advice. One of the most commonly affected parts of the knee is the patellofemoral joint (where the knee cap ('patella') sits on the thigh bone ('femur')).



Changes in activity levels (increases and decreases), sprains, strains and injuries to the surrounding joints and soft tissues have been known to lead to pain at the patellofemoral joint. Osteoarthritis can also affect this joint (please see osteoarthritis information links).

Symptoms

Symptoms experienced over the front of the knee may include:

- Pain
- Burning, heat or reddening of the area
- Swelling
- Stiffness
- Clicking/grinding/snapping
- Giving way

Pain after sitting with the knee bent for a prolonged period of time is a common complaint e.g. when driving or at the cinema. Pain is also commonly felt when using stairs or walking up and down inclines and can be reproduced when bending, kneeling and getting up from a chair in some cases.

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Trauma

If you have experienced a high force impact or trauma to your knee, experienced a twisting or popping sensation accompanied by a large amount of pain, or are unable to weight bear on your injured knee, please go to minor injuries for assessment. They may perform an x-ray to assess for any potential fracture, and then provide guidance and advice regarding the management of your injury.

What can I do to help my symptoms?

Pain relief

Simple analgesia such as Paracetamol and an anti-inflammatory such as Ibuprofen can be very effective for the treatment of knee pain. You can obtain advice regarding medication from your local pharmacist or GP but remember to read the packet; and do not take over the recommended dosage.

Topical anti-inflammatory products in the form of a cream or gel can also be used. These are applied directly to the specific area of pain and can help reduce pain and inflammation without the side effects of the anti-inflammatory tablets. For further information you should discuss this option with your GP or pharmacist.

Ice Packs

Ice can be very effective in reducing the pain, swelling and heat associated with AKP.

Do not use ice if you have circulatory problems, such as Raynaud's disease, history of cold induced hypertension, peripheral vascular disease, allergy to cold (urticaria, joint pain) or sickle cell anaemia. If your skin is usually numb over the injured area, please speak to your physiotherapist or GP before using a cold pack / ice.

Ice must be used correctly otherwise ice burns can occur. Please see the instructions below:

- Start by wetting a cloth under a cold tap and then wring the cloth out until it is just damp.
- Place the damp cloth over affected area and then place either a plastic bag of crushed ice or a packet of frozen peas on top of the cloth. (The ice should be in small pieces in order to mould better to the area and help prevent ice burns).
- Leave the ice pack and cloth in place for approximately 10-15 minutes and repeat 3 to 4 times a day.

It is normal for your skin to go slightly red or pink. Remove the ice if extreme redness/pain, blistering or an increase in swelling occurs. If this does occur, please call NHS Direct for further advice.

Exercises

These exercises have been designed by a physiotherapist to improve your knee

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movement and strengthen the muscles that support the knee. If performed correctly and regularly they can aid your recovery and help prevent a reoccurrence of your symptoms.

It is ok to feel some mild discomfort when performing these exercises (3-4/10). The pain is caused by moving sensitive tissues and will not damage the knee. After the exercises your pain should not be significantly worse (1-2 points higher) on a scale of 0-10 and should settle within the next couple hours.

Do not continue the exercises if they significantly increase your pain or swelling. If this were to occur, please see your GP or Physiotherapist for further advice.

Exercise 1: Active Knee Flexion



Sit on a chair with both feet placed on the floor in front of you.

Slowly slide the foot on your painful side backwards and forwards to bend and straighten your knee.

Bend and straighten your knee as much as you can within your pain tolerance. Repeat 20 times.

Exercise 2: Pelvic Bridge



Lying on your back with both of your knees bent and feet flat on the floor.

Have your arms placed on the floor besides you for added support.

Slowly push your hips off of the floor so that your knees, hips and shoulders are all in alignment.

Slowly lower your hips back down to the floor. Repeat 10 times.



Exercise 3: Hamstring Stretch



Lie on your back with both hands holding the back of your thigh on your painful side.

Start with your knee bent and straighten it as much as you can tolerate to feel a stretch on the back of your thigh.

Hold 10 secs, repeat 5 times.



If you can perform these exercises comfortably more advanced exercises can be

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found at:

<http://www.nhs.uk/livewell/c25k/pages/knee-exercises.aspx>

<https://www.nhs.uk/live-well/exercise/how-to-stretch-after-a-run/>

What about work?

Maintaining all normal activities including work improves your chance of recovery by keeping you moving. This helps you keep your 'work fitness' and prevents your knee getting weak, which can prolong your pain.

Remember: You do not have to be pain free to return to or remain at work.

It may be necessary to do temporary lighter or modified duties. This should be discussed with your line manager initially. If further clarification is needed your Occupational Health advisor can identify more specific role modifications

What should I do if I am still experiencing problems?

If you are unable to agree on restricted roles with you manager or you are still having problems (despite following this advice): your Occupational Health team can help. The Occupational Health team can advise you on how to bridge the gap to help you return to normal activities. You can also gain access to the Occupational Health physiotherapy team by:

Self-referral

The Occupational Health Physiotherapy team can assist in the management of musculoskeletal problems that affect your ability to work. Staff are able to self-refer to physiotherapy via the trusts Occupational health internet page.

<https://www.newcastle-hospitals.nhs.uk/services/newcastle-occupational-health-service/>

Management referral

If you feel your symptoms are having a significant effect on your ability to carry out your role, discuss this with your manager and request a referral to the Occupational Health Service.

For more information on anterior knee pain please follow the links below:

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<https://www.nhs.uk/conditions/knee-pain/>



**Tyneside Integrated
Musculoskeletal Service**

<https://www.tims.nhs.uk/wp-content/uploads/2020/06/6.9-TIMS-Anterior-Knee-Pain.pdf>

NewcastleOHS

Physiotherapy Team
Ground Floor
Regent Centre
Regent Farm Road
Gosforth
NE3 3HD

Tel: (0191) 2821188

nuth.newcastle.ohs@nhs.net

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