

L Knee Pain

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The knee joint consists of an articulation between four bones: the femur, tibia, fibula and patella. There are four compartments to the knee. These are the medial and lateral tibiofemoral compartments, the patellofemoral compartment and the superior tibiofibular joint. The components of each of these compartments can experience repetitive strain, injury or disease.

Running long distance can cause pain to the knee joint, as it is a high-impact exercise.

The location and severity of knee pain may vary, depending on the cause of the problem. Signs and symptoms that sometimes accompany knee pain include:

Swelling and stiffness

Redness and warmth to the touch

Weakness or instability

Popping or crunching noises

Inability to fully straighten the knee

Knee replacement

Knee replacement, also known as knee arthroplasty, is a surgical procedure to replace the weight-bearing surfaces of the knee joint to relieve pain and

Knee replacement, also known as knee arthroplasty, is a surgical procedure to replace the weight-bearing surfaces of the knee joint to relieve pain and disability, most commonly offered when joint pain is not diminished by conservative sources. It may also be performed for other knee diseases, such as rheumatoid arthritis. In patients with severe deformity from advanced rheumatoid arthritis, trauma, or long-standing osteoarthritis, the surgery may be more complicated and carry higher risk. Osteoporosis does not typically cause knee pain, deformity, or inflammation, and is not a reason to perform knee replacement.

Knee replacement surgery can be performed as a partial or a total knee replacement. In general, the surgery consists of replacing the diseased or damaged joint surfaces of the knee with metal and plastic components shaped to allow continued motion of the knee.

The operation typically involves substantial postoperative pain and includes vigorous physical rehabilitation. The recovery period may be 12 weeks or longer and may involve the use of mobility aids (e.g. walking frames, canes, crutches) to enable the patient's return to preoperative mobility. It is estimated that approximately 82% of total knee replacements will last 25 years.

Patellofemoral pain syndrome

Patellofemoral pain syndrome (PFPS; not to be confused with jumper's knee) is knee pain as a result of problems between the kneecap and the femur. The pain is generally

Patellofemoral pain syndrome (PFPS; not to be confused with jumper's knee) is knee pain as a result of problems between the kneecap and the femur. The pain is generally in the front of the knee and comes on gradually. Pain may worsen with sitting down with a bent knee for long periods of time, excessive use, or climbing and descending stairs.

While the exact cause is unclear, it is believed to be due to overuse. Risk factors include trauma, increased training, and a weak quadriceps muscle. It is particularly common among runners. The diagnosis is generally based on the symptoms and examination. If pushing the kneecap into the femur increases the pain, the diagnosis is more likely.

Treatment typically involves rest and rehabilitation with a physical therapist. Runners may need to switch to activities such as cycling or swimming. Insoles may help some people. Symptoms may last for years despite treatment. Patellofemoral pain syndrome is the most common cause of knee pain, affecting more than 20% of young adults. It occurs about 2.5 times more often in females than males.

Knee

of the knee. Particularly in older people, knee pain frequently arises due to osteoarthritis. In addition, weakening of tissues around the knee may contribute

In humans and other primates, the knee joins the thigh with the leg and consists of two joints: one between the femur and tibia (tibiofemoral joint), and one between the femur and patella (patellofemoral joint). It is the largest joint in the human body. The knee is a modified hinge joint, which permits flexion and extension as well as slight internal and external rotation. The knee is vulnerable to injury and to the development of osteoarthritis.

It is often termed a compound joint having tibiofemoral and patellofemoral components. (The fibular collateral ligament is often considered with tibiofemoral components.)

Osteoarthritis

Skinner K, Kazis L, Gale ME, et al. (June 2001). "Knee effusions, popliteal cysts, and synovial thickening: association with knee pain in osteoarthritis"

Osteoarthritis is a type of degenerative joint disease that results from breakdown of joint cartilage and underlying bone. A form of arthritis, it is believed to be the fourth leading cause of disability in the world, affecting 1 in 7 adults in the United States alone. The most common symptoms are joint pain and stiffness. Usually the symptoms progress slowly over years. Other symptoms may include joint swelling, decreased range of motion, and, when the back is affected, weakness or numbness of the arms and legs. The most commonly involved joints are the two near the ends of the fingers and the joint at the base of the thumbs, the knee and hip joints, and the joints of the neck and lower back. The symptoms can interfere with work and normal daily activities. Unlike some other types of arthritis, only the joints, not internal organs, are affected.

Possible causes include previous joint injury, abnormal joint or limb development, and inherited factors. Risk is greater in those who are overweight, have legs of different lengths, or have jobs that result in high levels of joint stress. Osteoarthritis is believed to be caused by mechanical stress on the joint and low grade inflammatory processes. It develops as cartilage is lost and the underlying bone becomes affected. As pain may make it difficult to exercise, muscle loss may occur. Diagnosis is typically based on signs and symptoms, with medical imaging and other tests used to support or rule out other problems. In contrast to rheumatoid arthritis, in osteoarthritis the joints do not become hot or red.

Treatment includes exercise, decreasing joint stress such as by rest or use of a cane, support groups, and pain medications. Weight loss may help in those who are overweight. Pain medications may include paracetamol (acetaminophen) as well as NSAIDs such as naproxen or ibuprofen. Long-term opioid use is not recommended due to lack of information on benefits as well as risks of addiction and other side effects. Joint replacement surgery may be an option if there is ongoing disability despite other treatments. An artificial joint typically lasts 10 to 15 years.

Osteoarthritis is the most common form of arthritis, affecting about 237 million people or 3.3% of the world's population as of 2015. It becomes more common as people age. Among those over 60 years old, about 10% of males and 18% of females are affected. Osteoarthritis is the cause of about 2% of years lived with disability.

Patellar tendinitis

jumper's knee, is an overuse injury of the tendon that straightens the knee. Symptoms include pain in the front of the knee. Typically the pain and tenderness

Patellar tendinitis, also known as jumper's knee, is an overuse injury of the tendon that straightens the knee. Symptoms include pain in the front of the knee. Typically the pain and tenderness is at the lower part of the kneecap, though the upper part may also be affected. Generally there is no pain when the person is at rest. Complications may include patellar tendon rupture.

Risk factors include being involved in athletics and being overweight. It is particularly common in athletes who are involved in jumping sports such as basketball and volleyball. Other risk factors include sex, age, occupation, and physical activity level. It is increasingly more likely to be developed with increasing age. The underlying mechanism involves small tears in the tendon connecting the kneecap with the shinbone. Diagnosis is generally based on symptoms and examination. Other conditions that can appear similar include infrapatellar bursitis, chondromalacia patella and patellofemoral syndrome.

Treatment often involves resting the knee and physical therapy. Evidence for treatments, including rest, however is poor. Recovery can take months and persist over years. It is relatively common with about 14% of athletes currently affected; however research reflects that more than half of athletes with this injury end their careers as a result. Males are more commonly affected than females. The term "jumper's knee" was coined in 1973.

Meniscus tear

symptoms of a torn meniscus are knee pain, particularly along the joint line, and swelling. These are worse when the knee bears more weight (for example

A tear of a meniscus is a rupturing of one or more of the fibrocartilage strips in the knee called menisci. When doctors and patients refer to "torn cartilage" in the knee, they actually may be referring to an injury to a meniscus at the top of one of the tibiae. Menisci can be torn during innocuous activities such as walking or squatting. They can also be torn by traumatic force encountered in sports or other forms of physical exertion. The traumatic action is most often a twisting movement at the knee while the leg is bent. In older adults, the meniscus can be damaged following prolonged 'wear and tear'. Especially acute injuries (typically in younger, more active patients) can lead to displaced tears which can cause mechanical symptoms such as clicking, catching, or locking during motion of the joint. The joint will be in pain when in use, but when there is no load, the pain goes away.

A tear of the medial meniscus can occur as part of the unhappy triad, together with a tear of the anterior cruciate ligament and medial collateral ligament.

Medial knee injuries

treating these injuries. Patients often complain of pain and swelling over the medial aspect of the knee joint. They may also report instability with side-to-side

Medial knee injuries (those to the inside of the knee) are the most common type of knee injury. The medial ligament complex of the knee consists of:

superficial medial collateral ligament (sMCL), also called the medial collateral ligament (MCL) or tibial collateral ligament

deep medial collateral ligament (dMCL), or mid-third medial capsular ligament

posterior oblique ligament (POL), or oblique fibers of the sMCL

This complex is the major stabilizer of the medial knee. Injuries to the medial side of the knee are most commonly isolated to these ligaments. A thorough understanding of the anatomy and function of the medial knee structures, along with a detailed history and physical exam, are imperative to diagnosing and treating these injuries.

Arthroscopy

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"Arthroscopic surgery for knee pain". *BMJ*. 354: i3934. doi:10.1136/bmj.i3934

Arthroscopy (also called arthroscopic or keyhole surgery) is a minimally invasive surgical procedure on a joint in which an examination and sometimes treatment of damage is performed using an arthroscope, an endoscope that is inserted into the joint through a small incision. Arthroscopic procedures can be performed during ACL reconstruction.

The advantage over traditional open surgery is that the joint does not have to be opened up fully. For knee arthroscopy only two small incisions are made, one for the arthroscope and one for the surgical instruments to be used in the knee cavity. This reduces recovery time and may increase the rate of success due to less trauma to the connective tissue. It has gained popularity due to evidence of faster recovery times with less scarring, because of the smaller incisions. Irrigation fluid (most commonly 'normal' saline) is used to distend the joint and make a surgical space.

The surgical instruments are smaller than traditional instruments. Surgeons view the joint area on a video monitor, and can diagnose and repair torn joint tissue, such as ligaments. It is technically possible to do an arthroscopic examination of almost every joint, but is most commonly used for the knee, shoulder, elbow, wrist, ankle, foot, and hip.

Iliotibial band syndrome

epicondyle of the femur. Pain is felt most commonly on the lateral aspect of the knee and is most intensive at 30 degrees of knee flexion. Risk factors in

Iliotibial band syndrome (ITBS) is the second most common knee injury, and is caused by inflammation located on the lateral aspect of the knee due to friction between the iliotibial band and the lateral epicondyle of the femur. Pain is felt most commonly on the lateral aspect of the knee and is most intensive at 30 degrees of knee flexion. Risk factors in women include increased hip adduction and knee internal rotation. Risk factors seen in men are increased hip internal rotation and knee adduction. ITB syndrome is most associated with long-distance running, cycling, weight-lifting, and with military training.

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