

GP training session 22nd January 2015

Knee conditions

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HORDER HEALTHCARE

Common knee conditions

- OA knee
- Anterior Knee pain/patello femoral instability
- Meniscal injury
- Ligamentous injury
- Less common
 - Osteochondral defect
 - Inflammatory arthropathy

OA knee[subjective]

- Over 50
- Gradual onset [not always]
- Pain variable all around the knee and often into the shin. Mechanical in nature
- True locking rare, often describing gelling
- Giving way due to pain and instability from loss of joint integrity

OA knee[objective]

- Antalgic gait, with or without deformity
- Loss of range
- Varus/valgus laxity
- Diffuse tibial plateau pain
- X- ray changes

OA knee [management]

- Simple analgesia
- Rest if due to flare up [injury, work overload]
- Give OA knee booklet.
- Reassure !
- After 6 weeks; mild/moderate OA/first episode; physiotherapy/OA knee class
- If severe deformity, x ray- refer to ICATS

Anterior knee pain/Patello femoral instability

- Very common !
- Under 50
- Pain over patella
- Worse on stairs, kneeling ,lunging
- Giving way, no true locking
- X ray often normal

Anterior knee pain/patello femoral instability [objective]

- Poor control on squat and single leg squat
- Full range of movement, though may have patello femoral crepitus
- Pain on movement of patella
- May have pain on meniscal testing; false positive
- Poor pelvic /hip control
- Often overweight and female

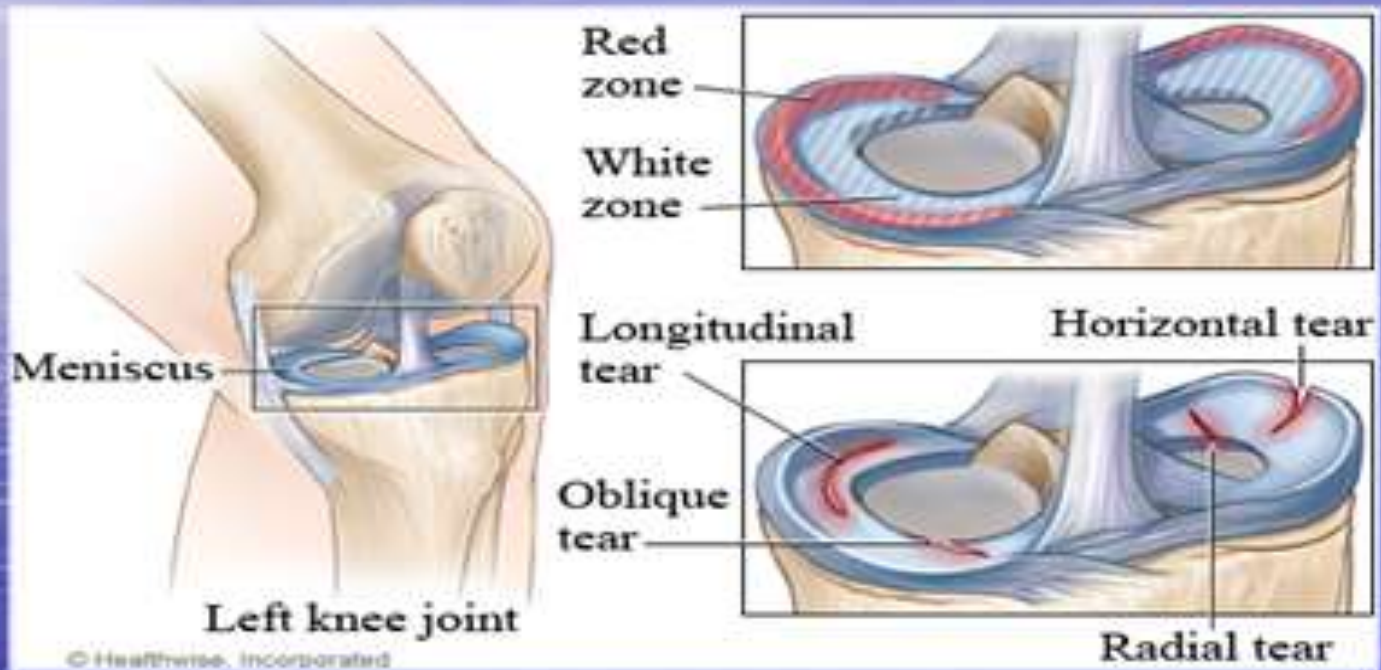
Anterior knee pain-management

- Re-assure
- Encourage normal activities/analgesia if needed
- If, after 6 weeks, not settling ; refer to physio [scan not helpful]
- Out comes with surgery often poor

Meniscal injury

- Under 50 [30-50 often degenerate]
- Pain specific to joint line, worse with twisting movements
- McMurray's test positive [clunk and pain]
- Locking rare except with bucket handle tear
- Effusion should be present

Meniscus



Meniscal injury- management

- True locking- urgent MSK referral-
as rare as hens teeth !
- 6 weeks rest, avoid twisting/loading
- Analgesia
- Mild symptoms- physiotherapy
- Worsening pain/locking- ICATS

Ligament injury

- Impact trauma-usually with rotational force
- Pain, swelling bruising
- Collateral ligament- medial more common than lateral
- ACL/PCL needs significant trauma to rupture- signs of haemarthrosis- immediate swelling

Ligament injury- management

- Rest x 6 weeks; NSAID
- If suspicious of complete rupture [rare]-ICATS
- Physiotherapy after 6 weeks if not improving