



# **Chronic Knee Pain Secondary to Overuse**

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# Overuse Syndrome

- Anterior Knee pain
  - patellar femoral pain
  - patellar/quadriceps tendinopathy
  - suprapatellar/prepatellar/infrapatellar bursitis
- Medial/Lateral Knee
  - Osteoarthritis flare
  - Illiotibial band syndrome
  - pes anserine bursitis
  - degenerative meniscus tear
- Posterior knee
  - hamstring tendinopathy
  - popliteal cyst

# Patellofemoral Pain Syndrome

- Clinical diagnosis
- women > men
- most common cause of knee pain in patients <45YO
- common in runners
- anterior knee pain
- worse with prolonged sitting
- worse with walking up/down stairs
- Physical Exam Maneuver: Patellofemoral Compression Test
- Treatment: pain control, activity modification, short-term NSAID (acute phase – 1<sup>st</sup> week). Rehabilitation/strengthening of quadriceps (recovery phase)

- Prepatellar
  - caused by repeated trauma (“housemaid’s knee”)
  - anterior knee pain (frequently near lower pole of patella), swelling and erythema
  - Treatment: supportive (unless 2/2 infection or gout)
- Pes anserine
  - anteromedial knee pain, swelling, erythema
  - worsens with stair climbing and can be worse at night
  - Treatment: supportive, avoidance of aggravating movements

# Osteoarthritis Flare

- most common in adults >50 years old
- Pain worse with use; improves with rest
- Stiffness with inactivity (Example: morning stiffness <30 minutes)
- Physical Exam: joint line tenderness, decreased range of motion, crepitus, effusion, palpable body changes

# Iliotibial Band Syndrome

- common in runners and cyclists
- lateral pain (knife-like) caused by friction between iliotibial band and lateral femoral epicondyle
- Physical Exam: Noble test (repeated flexion/extension of knee, with pressure over lateral femoral epicondyle with patient in supine position reproduced pain)
- Treatment: supportive (rest, stretching, NSAIDs, activity modification)

# Popliteal (Baker) Cyst

- Protrusion of synovial membrane and capsule in setting of intraarticular pathology causing increased synovial fluid (osteoarthritis, RA, meniscal injury)
- Posteromedial knee pain/fullness 2/2 actual cyst or knee effusion
- Insidious onset
- Treat underlying condition

