

Knee Pain Reference Guide

History	Physical Exam	Imaging	Differential Diagnosis by Anatomic Location	Management	When to Refer
<ul style="list-style-type: none"> • Age • Acute or chronic pain • Duration/frequency • Sport/ Mechanism • Pop/Tear • Swelling (Rapid?) • ROM deficit • Instability • Weight-bearing immediately • Location of Pain • Mechanical symptoms • Attempted treatment (RICE?) 	<p>Inspection</p> <ul style="list-style-type: none"> • Joint Effusion, ecchymosis • Skin integrity- abrasion/laceration etc • Alignment -Genu Varum/Valgum/Femoral anteversion • Gait/ability to bear weight (Walking, running, squatting, etc) <p>ROM</p> <ul style="list-style-type: none"> • Extension/Flexion <p>Palpation</p> <ul style="list-style-type: none"> • Effusion vs extra-articular STS • Physis-Tibia-Fibula, Femur • Patella/ patellofemoral compression • Joint lines/meniscus • Ligaments-Collateral/Medial Patellofemoral • Tendons (Patella, Quad, hamstring, ITB) <p>Special Maneuvers</p> <ul style="list-style-type: none"> • Patellar apprehension • Lachman /Drawer • Valgus/Varus testing -collaterals • Active straight leg raise • McMurray <p>Neurovascular exam</p> <p>Adjacent Joints</p> <ul style="list-style-type: none"> • Clear the hip 	<p>Radiograph Indications</p> <ul style="list-style-type: none"> • Deformity, acute effusion, not weight bearing, instability, tender physis, chronic pain not improving • Standard trauma - AP, lateral, oblique • Orthopedic standard- AP, Lat, Sunrise, Tunnel, <p>MRI Indications</p> <ul style="list-style-type: none"> • Radiographs fail to clarify the problem (consider with effusion) • To confirm your clinical suspicion (To answer a specific clinical question -Is there an ACL tear in the knee?) • Pain failing conservative care 	<p>Diffuse/Global Pain</p> <ul style="list-style-type: none"> • Fracture, acute trauma, immediate dec ROM <p>Anterior Knee Pain</p> <ul style="list-style-type: none"> • Patellofemoral Pain • Patellar subluxation/dislocation • Patellar tendonitis (Jumpers Knee) • Apophysitis (Osgood-Schlatter, Sindig) <p>Medial Knee Pain</p> <ul style="list-style-type: none"> • MCL Sprain • Medial Meniscal Tear • Hamstring Strain • Osteochondritis Dissecans MFC • Medial Plica Syndrome <p>Lateral Knee Pain</p> <ul style="list-style-type: none"> • Lateral Meniscal Tear • ITB Syndrome • Osteochondritis Dissecans LFC • Hamstring Strain <p>Posterior Knee Pain</p> <ul style="list-style-type: none"> • Baker's/Popliteal Cyst • Gastrocnemius/Hamstring Strain • Posterior Capsule Sprain 	<p>R-Rest I-Ice C-Compression E-Elevation</p> <ul style="list-style-type: none"> • Pain Control • Crutches • Splint/Brace <p>• Limit use of knee immobilizer to < 1 week to avoid knee stiffness</p> <p>• Rehabilitation Early ROM</p>	<ul style="list-style-type: none"> • Failure to improve with conservative care • Hemarthrosis • Instability • Potential surgical conditions (suspected ACL, OCD, patellar dislocation) • Physis Injury • Parental Concern • Return to play concerns