



Anterior Knee Pain Service User Information Leaflet

NHS Fife provides accessible communication in a variety of formats including for people who are speakers of community languages, who require Easy Read versions, who speak BSL, read Braille or use Audio formats.

NHS Fife SMS text service number 07805800005 is available for people who have a hearing or speech impairment.

To find out more about accessible formats contact: fife-UHB.EqualityandHumanRights@nhs.net or phone 01592 729130

Issue No. 2.1.1.7	Date of Issue: Sept 2016	Review Date: Oct 2022
	•	If review date has passed the content will apply until the next version is
		published

Produced by Fife Musculoskeletal Physiotherapy Service

Diagrams: © PhysioTools

What is Anterior Knee Pain?

Pain around the knee cap (patella) is also known as Anterior Knee Pain or Patellofemoral Pain Syndrome and may have many causes. It is often caused by altered positioning of the knee joints due to a combination of muscle weakness and tightness of the soft tissues causing pain or discomfort.

How does it happen?

The cause is repeated bending of the knee in activities where there is a lot of pressure put on the knee cap. Any sport, climbing stairs or hill walking – especially on uneven ground may affect anterior knee pain. In many people there is no history of injury. It can also follow an accident such as falling directly and heavily onto your kneecap. It can also be due to change in the cartilage underneath the kneecap, which becomes soft and occasionally inflamed.

Who gets Anterior Knee Pain?

It is a very common condition. It may affect people at any age.

What are the symptoms?

Pain or an ache over the front of your knee is common. The pain may come on for no apparent reason and then gradually gets worse with activity, such as:

- * Walking up or down stairs
- * Running (especially downhill)
- * Walking on rough ground
- * Sitting or driving for a long time
- * Kneeling and bending

What is the long term future?

Improvement can be expected with time and with some simple advice and exercises. X-rays of the knee are normally not necessary.

How do I manage it?

Ice

Applying ice or cold water to the injured area helps reduce bruising. This should only be applied if you have full sensation around the area. Application of ice can be repeated regularly - every 2 hours in the first 24 hours. It must be done carefully, as it is possible to get an ice burn.

Technique for the application of ice treatment at home

- 1. Use either a bag of frozen peas or a plastic bag with ice cubes.
- 2. Cover the area to be treated with a damp tea towel or damp cloth.
- 3. Place the ice pack over the area and hold in position with a towel or bandage.
- 4. Leave for 10 to 15 minutes on bony areas. 20 to 25 minutes over more fleshy or muscular areas.
- 5. Check the skin every 5 minutes and if it becomes white, blue or blotchy or painful, numb or tingles, **remove** the ice pack.

Early exercises

Repeat each exercise 10 times 3 times a day. If you get pain with the exercises reduce the number of repetitions, but stop if the pain persists and ask for advice.



In sitting or lying with legs straight push your knee down firmly against the bed. Hold for 5 to 10 seconds and relax. Repeat at least 10 times.



In sitting or lying on your back with one leg straight and the other leg bent. Lift your leg 20cm off the bed. Hold for approximately 5 to 10 seconds – slowly relax. Repeat at least 10 times.

A referral to a Physiotherapist may be appropriate to help supervise further exercise or management. Sometimes a short course of pain medication may also be appropriate. Please see your GP or pharmacist for advice on this.

For Further Advice:

www.nhsinform.scot/illnesses-and-conditions/muscle-bone-and-joints

Physical Activity Advice www.healthscotland.com/physical-activity.aspx

Physical Activity Health Benefits http://www.youtube.com/watch?v=aUaInS6HIGo