

## KNEES BLOODY KNEES

I am going to start from where you would probably start. You are leading an active life and have done for many years, walking the mountains and doing a little running cycling or swimming for all round fitness or perhaps doing an aerobics class. Suddenly one of your knees starts to give twinges, which become more frequent and severe, and when you wake up in the morning, the knee is stiff and it takes a while to get going. Of course during this time you battle valiantly on with your usual activities ignoring all the warnings, lurking in the back of your brain. Finally you are walking with a limp, sufficient for friends and family to notice, and you are falling off the pace on walks. Time for action. You may choose to consult your GP in the first instance, which may or may not be worthwhile. Many GP's have very little knowledge of the 'sporting knee' and will offer little help except for telling you to rest it, particularly if he or she does not do sport. Unfortunately, even those with a good knowledge of knees often do not have enough time to guide you through the process of rehabilitation. For diagnosis your best bet by far is a physiotherapist, particularly one with an interest in sports medicine. The physio will probably make an accurate diagnosis.

Below is a very short list of some of the more common problems-

Osteoarthritis/degenerative arthritis

Medial collateral ligament sprain (on the outside of the knee joint, on the medial side)

Traumatic cartilage (meniscus) injury or more likely wear and tear with fraying of the edges.

Tendonitis, particularly patellar tendonitis, the tendon is attached to the lower border of the knee cap and a knobble of bone high on the front of the tibia (main lower leg bone) and is very stressed going up and down hills, particularly going down.

Knee cap syndromes, several pathologies cause inflammation and excessive wear and tear of the cartilage behind the knee cap and possibly also of the opposing cartilage at the lower end of the femur.

What to do?

The physio will have carefully assessed the thigh muscles and imbalance in these is a common finding. It is worth attending a few times to have remedial exercises demonstrated and these should be continued at home indefinitely. The aim should be to strengthen all the thigh muscles but concentrating on the weakest. You should also work on flexibility, but only as demonstrated by the physio. Also take careful note of what the physio tells you about how much exercise and when. If there are serious problems like the knee locking, you will probably need referral to an orthopaedic surgeon and an MRI scan. If you have not done so for a while, replace your trainers, and look carefully at the soles of your walking boots for signs of abnormal wear (the physio may already have done this.) Corrective insoles may be appropriate and for this, you may need a visit to a podiatrist. Also shock absorbing polymer insoles should be considered for all your daily footwear.

Three final treatments:

Steroid injections into the joint: Except in special circumstances, I am not a fan. The steroids may relieve symptoms for a short time, but over a period of time they can accelerate wear

Glucosamine and chondroitin. These are safe and I know many swear by them, but many knee problems are going to improve whatever you do, and if there is improvement it is impossible to know if it was spontaneous or caused by the medication. I have followed this story for more than 25 years and numerous trials show little or no benefit. The only area in which there is reasonable evidence of efficacy is in osteoarthritis where they can slow cartilage loss. We are not yet sure how this translates into your symptoms, but if you have a degenerate knee, probably worth a try for 3-6 months.

NSAID's: non-steroidal anti-inflammatory drugs: avoid regular use and do not take them to allow you to walk long distances. Useful in a night time dose if pain disturbs sleep. Ibuprofen and Diclofenac are well tried and tested. They are symptomatic only and do not heal problems. They can all produce side effects.

Try to keep away from orthopaedic surgeons. They are good at what they do, but not much of it is going to produce good long term results in the ageing, which most of us are. MRI scans show degenerative changes in the menisci in about 50% of those at the age of 60, but you cannot expect that all of those will be helped by a surgeon nibbling away at the frayed bits.

Wishing you speedy rehabilitation.

Dr. Geoff