

Division of Pediatric Orthopaedics

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ANTERIOR KNEE PAIN: FREQUENTLY ASKED QUESTIONS

What causes it?

Anterior knee pain may be caused by:

- Leg alignment (position).
- A minor imbalance of the quadriceps (the muscle group in the front of the upper leg).
- Too much movement of the kneecap.

Too much activity or more activity than normal, such as a sudden change in how hard or how long your child works out or trains, is a common cause of knee pain.

How will it affect my child?

- The pain is often related to activity. For example, climbing stairs puts a lot of force on the knee joint and causes pain. On the other hand, sitting too long in one place often causes the knee to be stiff and painful.
- Your child may feel like his or her knee "gives way" or "catches". True locking of the knee is unusual, even though the feeling is common.
- Pain is possible in both knees.
- Rest and treatment (which includes special exercises) may help lessen your child's pain.
- Anterior knee pain does not lead to more serious knee problems in the future.

What tests are needed?

- An examination of the knee by the doctor is often all that is needed to diagnose anterior knee pain.
- Your child's doctor will look to see how flexible the leg is, how well it moves and which movements cause pain. The doctor will rule out more serious conditions of the knee joint.
- X-rays may be needed if your child's pain has been over a long period of time or if there are signs and symptoms of another condition.

- Other tests, such as a CAT scan, MRI scan or bone scan are rarely needed.

How is anterior knee pain treated?

- Your child's activities may need to be changed. For example, your child may not be allowed to climb stairs or run on hills. Your child may need to cut back on sports or activities for a while. Training may need to be modified. It is rare that all activities must be stopped.
- Apply ice packs for 15 to 20 minutes to your child's knee after activities.
- Give your child acetaminophen (Tylenol®) or ibuprofen (Motrin® or Advil®) for pain. If your child needs pain relief more than 2 or 3 times a week, contact your child's doctor.
- Your child will learn special exercises in physical therapy. These exercises will help make the knee and leg stronger. This makes anterior knee pain less likely to happen in the future. Anterior knee pain does not usually go away until the knee is stronger. Even though the special exercises may be painful, these exercises are a main part of treating anterior knee pain. If your child's activity or ability to do the special exercises must be severely limited because of pain, other physical therapy treatment may be needed.
- Your child's knee may need a splint to limit movement. Your child may need a "knee sleeve" (a soft tube that pulls on over the foot and up to the knee with a cutout hole around the kneecap) to provide support. Crutches are rarely needed.

What kind of follow-up care will my child need?

Your child will not need to see the doctor again unless the pain becomes worse or does not go away with rest and less activity.

ALERT: Call your child's doctor, nurse, or clinic if you have any questions or concerns or if your child:

- Becomes worse or if pain medicine is needed more than 2 - 3 times a week.
- Does not get better with rest and less activity.
- Is not improved with the pain medicine.
- Has special health care needs that were not covered by this information.