



# Anterior Knee Pain

→ A partnership approach to pain management

## > What Is Anterior Knee Pain?

Anterior knee pain is pain felt in the anterior (front) of the knee. Another term that is used is 'patellofemoral pain'.

Anterior knee pain affects up to one in four people. Athletes are at higher risk. While the duration of symptoms varies from person to person, it is not unusual for the pain to be persistent and to happen again over time. You may find that certain activities (e.g. bending at the knee, running) may aggravate the pain.

## > What Causes Anterior Knee Pain?

In most cases it is not possible to determine the exact cause of anterior knee pain. However, it is not necessary to have a specific diagnosis of the cause in order to manage the pain effectively.

It is rare that anterior knee pain is the result of a serious medical condition.

## > What Should I Do When I Have Anterior Knee Pain?

If your pain bothers you, it is important to see your health practitioner, to work with them to manage your pain, and to stay active.

### 1 See your health practitioner

A history and a physical examination are needed to assess for any serious medical conditions associated with your pain, although these are rare.

Your practitioner can provide you with information about your pain after they've assessed you. Ask for an explanation if unfamiliar terms are used. Sometimes a diagram can be useful.

### MAIN MESSAGES

- Work with your health practitioner to manage your pain and address your concerns
- Stay active

### WHAT THE RESEARCH SAYS

**A panel of experts reviewed the scientific studies on the effectiveness of pain-relieving treatments for anterior knee pain. They found that there is both a lack of evidence (i.e. few or no scientific studies conducted) and a lack of high quality studies on treatments for anterior knee pain.**

The results of this review can be found in the report *Evidence-Based Management of Acute Musculoskeletal Pain* available at [www.nhmrc.gov.au](http://www.nhmrc.gov.au). The results are summarised below.

#### **Effective**

Measures that are effective for relieving anterior knee pain are staying active; using corrective in-shoe orthoses plus exercises for the quadri-

ceps and hamstring muscles; exercises such as quadriceps muscle retraining and daily home exercises (some exercises may be more effective than others and taping of the knee may be useful in combination with these exercises) and patellofemoral joint mobilisation; injection therapy (may be helpful in the short term).

#### **Mixed results\***

There are mixed results from studies on the use of knee braces and supports to treat anterior knee pain. Some studies show these measures relieve anterior knee pain and some do not.

#### **Inconclusive results\***

Studies on the use of ultrasound, resistance braces and knee taping alone

for anterior knee pain have not tested these treatments against placebo.

#### **No studies done\***

There are no studies that have looked at whether acupuncture, pain-relieving medication (analgesics), anti-inflammatory drugs and electrical stimulation relieve anterior knee pain.

#### **Not effective**

There is scientific evidence that low-level laser therapy is not effective for anterior knee pain.

**\* It is important to note that these findings do not mean that these measures will not help you; they indicate that more research is needed.**



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Additional investigations, such as xrays and blood tests, are not needed in the majority of cases of anterior knee pain. They do not help you with your pain or with the use of your knee.

It is normal to worry about the cause of your pain and the impact it may have on you. Talking to your health practitioner about your concerns can be helpful. You will usually find there is no serious cause and that there are ways to relieve the pain.

## 2 Work with your health practitioner to manage your pain

The goal is to help you find ways to manage your knee pain and return to your usual activities.

Most people find that their knee pain settles down over a short period of time as healing occurs. Pain-relieving measures may help you cope with your symptoms while nature takes its course.

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**There is a range of pain-relieving measures available. While there are few scientific studies proving their effectiveness, this does not mean that a particular measure will not help you (see What the Research Says).**

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When considering what measures to use for your pain, it is helpful to discuss the following with your health practitioner:

- Your pain level and your concerns

- What measures are available to relieve knee pain (what they involve, how they work, their benefits and risks, their effectiveness)
- Your need for additional information

## 3 Stay active

Your pain may make it difficult for you to carry out your usual activities, and you might feel like resting completely.

However, it is important to resume normal activities as soon as possible. Staying active helps to prevent long-term problems.

You may need to use pain-relieving measures help you return to your usual activity level. If you are working, the plan could include a programme of selected duties or reduced hours of work. This applies to work at home as well.

### Follow-up visits

It is important to maintain contact with your health practitioner.

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**If the pain is not settling down or is getting worse, you may need further assessment.**

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Follow-up visits provide you with an opportunity to obtain more information. If you have any questions to ask your health practitioner, write them down and discuss them at your next visit.

The content of this information sheet is based on: Australian Acute Musculoskeletal Pain Guidelines Group (2003). *Evidence-Based Management of Acute Musculoskeletal Pain*, available at [www.nhmrc.gov.au](http://www.nhmrc.gov.au)

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