Canadian Chiropractic Guideline Initiative

Clinician Summary - Knee Pain

This tool provides information to facilitate the management of knee pain, mobility impairments, knee meniscal and articular lesions

Focused examination

1. Patient History

- Assess level of concern for major structural or other pathologies. If required, refer to an appropriate healthcare provider.
- Identify and assess other conditions and co-morbidities. Manage using appropriate care pathways.
- Address prognostic factors that may delay recovery.

Major structural or other pathologies may be suspected with certain signs and symptoms (red flags) including:

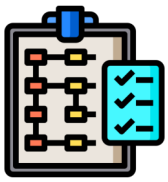
- Sharp pain, persistent nagging ache, unexplained deformity, swelling, or redness of the skin, weakness not due to pain, fever/chills/feeling ill, pain at rest

Examples of other conditions/co-morbidities:

- Physical conditions: back pain, headache
- Psychological conditions: depression, anxiety
- Co-morbidities: diabetes, heart disease

Examples of prognostic factors that may delay recovery:

- Symptoms of depression or anxiety, passive coping strategies, job dissatisfaction, high self-reported disability levels, disputed compensation claims, somatization



2. Physical Examination

- Assess levels of concern regarding major structural or other pathologies.
- Assess for neurological signs.
- Identify patient's baseline status relative to pain, function and disability; detect asymmetries; assess global knee function; determine the patient's readiness to return to activities using appropriate assessments.

Clinical findings of mensicus injury:

- Twisting, tearing sensation at time of injury, delayed effusion (6-24 hours post injury), history of 'catching' or 'locking', pain with forced hyperextension, pain with maximum passive knee flexion, pain or audible click with McMurray's maneuver, joint-line tenderness, discomfort or sense of locking or catching in the knee over either the medial or lateral joint line during the Thessaly test when performed at 20° of knee flexion

Clinical findings of articular cartilage injury:

- Acute trauma with hemarthrosis (0-2 hours), insidious onset aggravated by repetitive impact, intermittent pain and swelling, history of 'catching' or 'locking', joint-line tenderness

3. Management

- Offer information on nature, management, and the course of knee pain and mobility impairments.
- Discuss the range of effective interventions with the patient and, together, select a therapeutic intervention.

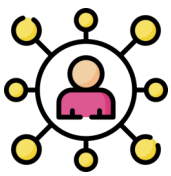
4. Reevaluation and discharge

- Reassess the patient at every visit to determine if: (1) additional care is necessary; (2) the condition is worsening; or (3) the patient has recovered.
- Monitor for any emerging factors that may delay recovery.

Incorporate one or more valid and reliable outcome measurements when assessing and monitoring patients

- Self-rated Recovery Question
- Knee Injury and Osteoarthritis Outcome Score
- Lysholm Scale
- SF-36
- Visual Analogue Scale
- European Quality of Life-5 Dimensions
- Pittsburgh Sleep Quality Index

Visit our website for more outcome measurements



5. Referrals and collaboration

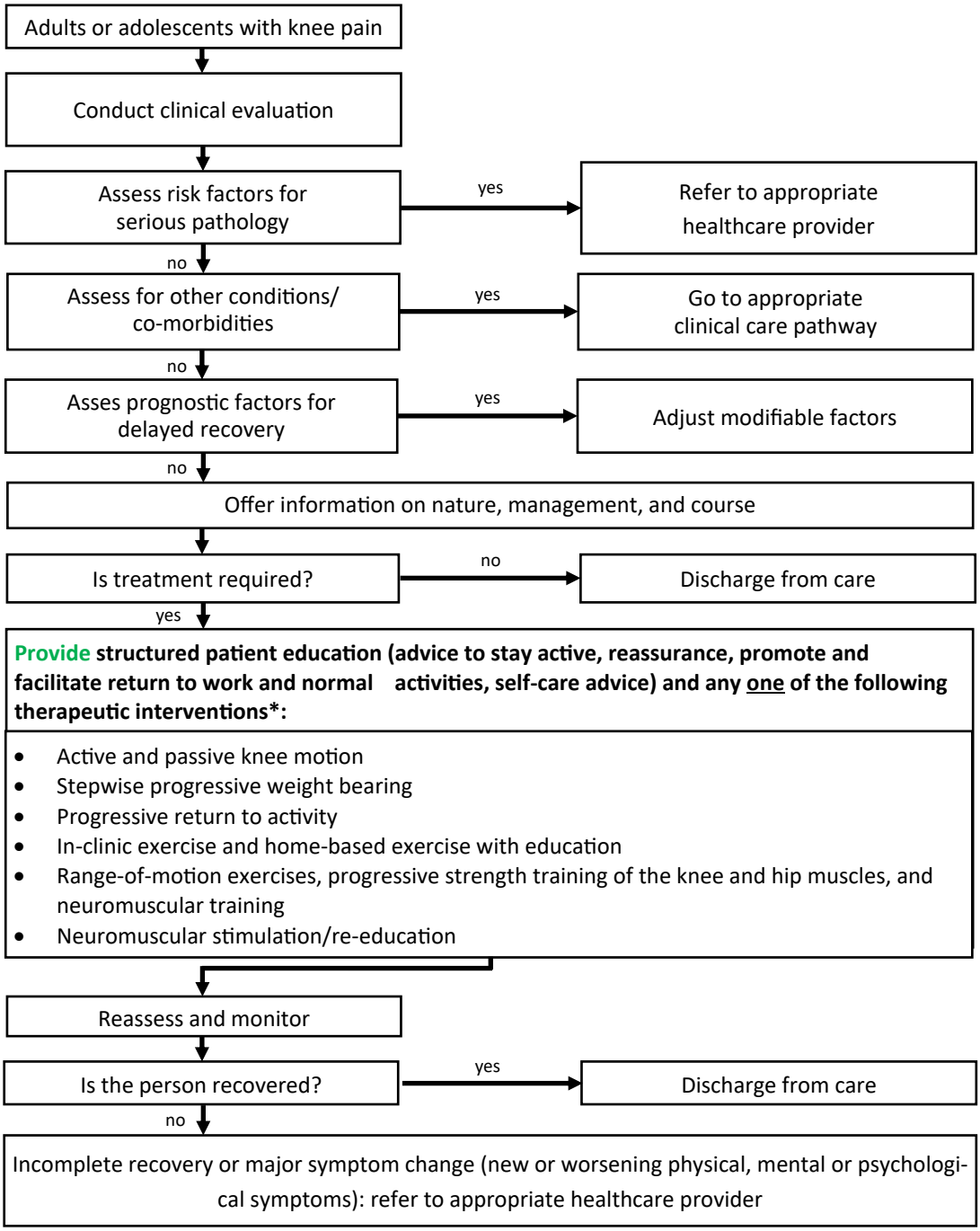
- Refer the patient to an appropriate healthcare provider for further evaluation at any time during their care if they develop worsening symptoms and new physical or psychological symptoms.

Therapeutic Recommendations

Provide structured patient education (advice to stay active, reassurance, promote and facilitate return to work and normal activities, self-care advice) and any one of the following therapeutic interventions*:

Consider early progressive active and passive knee motion
Consider early stepwise progressive weight bearing
Consider early progressive return to activity
Consider in-clinic exercise and home-based exercise
Consider progressive range-of-motion exercises, progressive strength training of the knee and hip muscles, and neuromuscular training
Consider neuromuscular stimulation/re-education to increase quadriceps strength, functional performance, and knee function

Care pathway for the management of knee pain



*Interventions are recommended if guidelines used terms such as 'recommended for consideration' (e.g., 'offer', 'consider'), 'strongly recommended', 'recommended without any conditions required', or 'should be used'. Recommendations from low-quality evidence are not listed.

Logerstedt DS, Scalzitti DA, Bennel KL, Hinman RS, Silvers-Granelli H, Ebert J, Hambley K, Carey JL, Snyder-Mackler L, Axe MJ, McDonough CM. Knee pain and mobility impairments: meniscal and articular cartilage lesions. Revision 2018. Journal of Orthopeadic & Sports Physical Therapy. (2018) 48(2).