

APPROACH TO KNEE PAIN

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Week 20

Educational Objectives:

1. Be comfortable examining a knee and determining the potential etiologies for acute and chronic knee pain
2. Describe the appropriate workup and treatment for osteoarthritis of the knee
3. Determine when imaging is appropriate in acute and chronic knee pain

CASE ONE:

A 46-year-old male with no significant past medical history presents to your office with complaints of right knee pain. His pain started after playing handball yesterday. The pain is mostly along the medial aspect of the right knee.

Questions:

1. What further history would you want to obtain to help you modify your differential for his knee pain?

CASE ONE CONTINUED:

He has no history of prior knee pain. He was playing handball and planted his right foot. The knee then twisted, pain started right away, and there was some immediate swelling of the knee.

2. What is your differential at this point, and describe how you would examine this patient to help confirm a diagnosis. Is imaging needed in this case?

CASE TWO:

A 72-year-old woman with a history of obesity and hypertension presents with complaints of several years of slowly worsening pain in both knees. She reports some brief morning stiffness, and that the pain is worse with activity. She denies any history of trauma, gout, or rheumatoid arthritis. Her exam shows no effusion, she has no ligamentous laxity and no joint line tenderness. The joint is cool. She has some bony enlargement of the knee.

You suspect she has osteoarthritis.

3. Describe your evaluation and treatment plan.

Primary References:

1. Calmbach WL, Hutchens M. Evaluation of patients presenting with knee pain: part I. *American Family Physician*. 2003; 68 (5): 907-912.
2. Calmbach WL, Hutchens M. Evaluation of patients presenting with knee pain: part II. *American Family Physician*. 2003; 68 (5): 917-922.
3. Jackson JL, O'Malley PG, Kroenke K. Evaluation of acute knee pain in primary care. *Annals of Internal Medicine*. 2003;139 (7): 575-588.