

Clinical Guideline for the Treatment of Adult Knee Pain

A: History

- *Onset, history and location of pain
- *Previous history trauma/similar knee problems
- *Factors that aggravate/alleviate symptoms
- *Snapping, locking, catching or giving way
- *Muscle weakness / joint stiffness
- *Response to physical activity

B: Physical Exam Findings

- *Visual inspection
- *Tenderness on palpation
- *Presence of erythema/warmth, swelling/joint effusion
- *Range of motion (active and passive)
- *Joint line tenderness (meniscal compression)
- *Patella mobility, apprehension
- *Anterior/posterior drawer, Lachman
- *Varus/valgus instability (0 and 30 flexion)
- *Neurovascular assessment
- *Joint crepitance

C: Routine Imaging

- *Rosenburg view
- *Lateral view
- *Patella views

D: Exclusionary Diagnosis

- *Septic arthritis
- *Vascular occlusion
- *Fracture
- *Tumor

E: NSAIDs/Cox 2

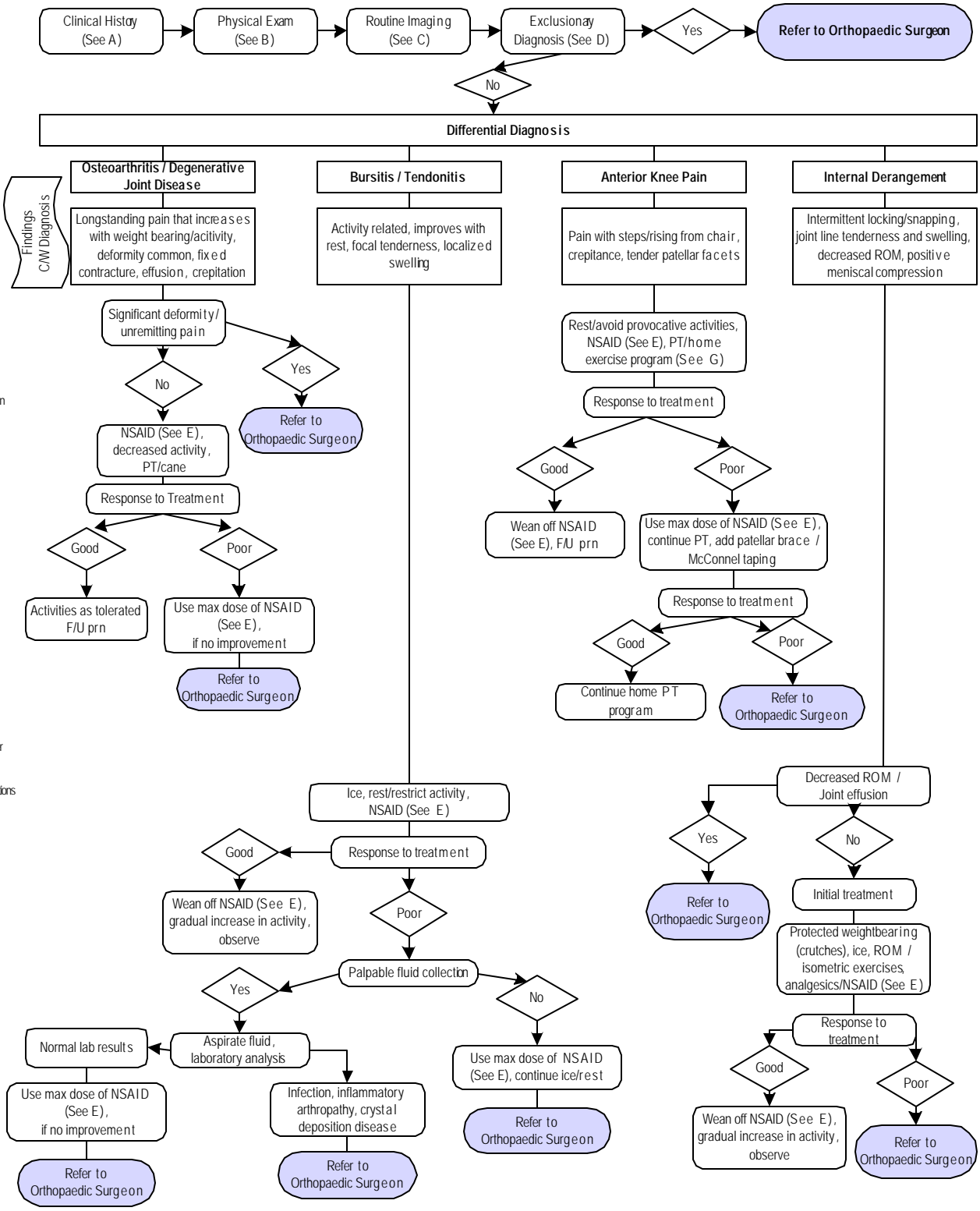
- *Cox 2 NSAIDs are generally better tolerated with lower risk of side effects especially GI intolerance, renal effects, bleeding complications and with less edema
- Celebrex 200 mg QD (Max dose 200 mg BID)

F: Aspirate Analysis

- *Protein/glucose levels
- *White blood cell count
- *Gram stain/culture
- *Crystal analysis

G: Physical Therapy

- *Isometric quadriceps strengthening
- *Straight leg raises
- *VMO strengthening
- *Hamstring/calf stretching



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