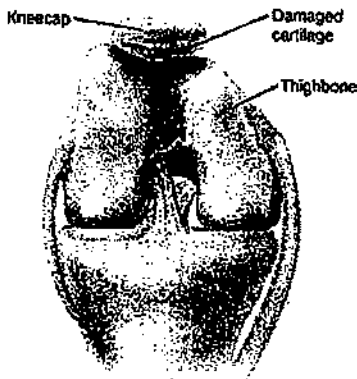


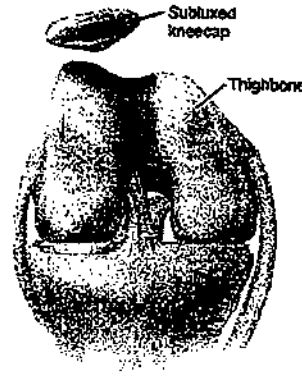
# Common Kneecap (Patella) Problems

If the kneecap is "off track" even slightly (a tracking problem), it can cause uneven pressure on the back of the kneecap. This can cause pain and difficulty with movements, such as walking and going down stairs. Below are some common causes of kneecap pain.



## Cartilage damage

Sometimes the cartilage on the back of the kneecap or in the groove of the thighbone is damaged. Damaged cartilage can't spread pressure evenly. Uneven pressure wears down the cartilage even further.



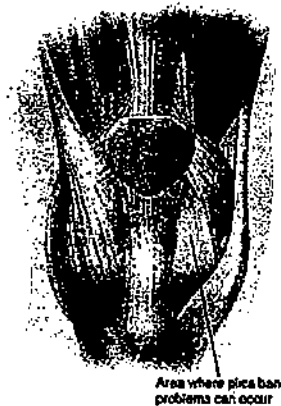
## Dislocation

Sometimes a muscle or ligament in the knee is pulled the wrong way. Or the kneecap may be pushed too hard. Then the kneecap may move partly out of the groove (subluxation). It may even move completely out (dislocation).



## Patellar tendinitis

Patellar tendinitis ("jumper's knee") happens when the quadriceps muscles are overused or tight. During movement, the patellar tendon absorbs more shock than usual. The tendon becomes irritated or damaged.



## Plica syndrome

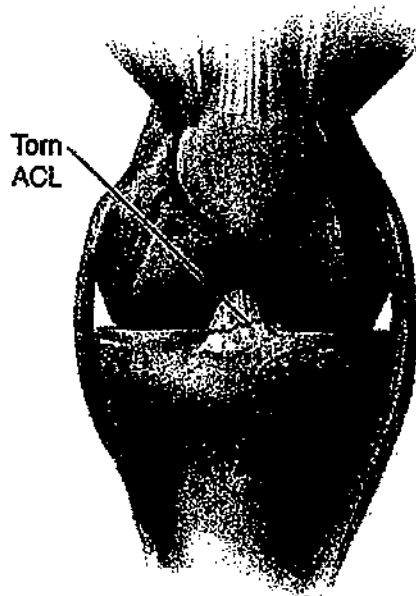
Plica bands are tissue fibers that some people have near the kneecap. They usually cause no problems. But sometimes they can become irritated or inflamed.

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# Treating Anterior Cruciate Ligament (ACL) Injuries

The ACL (anterior cruciate ligament) is a band of tough, fibrous tissue that stabilizes the knee. Injuries to the ACL are very common, especially among athletes. Treatment for your injury may or may not involve surgery. Treatment depends on the severity of the injury and how active you hope to be in the future. Treatment also depends on the type of activities you wish to participate in. Your healthcare provider can discuss your treatment options with you.



## Reduce pain and swelling

Whether or not you have surgery, you can help reduce pain and swelling with rest, ice, compression, and elevation. Rest with your knee elevated above heart level. Put ice on your knee 3 to 5 times a day for 10 to 15 minutes at a time. Keep a thin cloth between the ice and your skin. A compressive wrap may also help reduce swelling. Take any medicines that are prescribed and follow any other instructions you're given.

## Use crutches

Crutches can help you get around during your recovery. They reduce stress on your knee. Follow your healthcare provider's advice about the use of crutches and how much weight to put on your injured leg. Use crutches or a brace for as long as advised.

## If you need surgery

For severe ACL injuries, you may need a procedure called ACL reconstruction. This is surgery that uses a graft (new tissue) to replace a torn ligament. If surgery is needed, your healthcare provider can give you more information about it.

## Rehabilitation

Whether or not you have surgery, rehabilitation exercises are important. Exercise is needed to strengthen the muscles that support your knee. It will also help you regain flexibility, reduce pain, and prevent other knee problems in the future. Your healthcare provider can show you the best exercises for your knee. He or she will also tell you how long and how often to exercise.

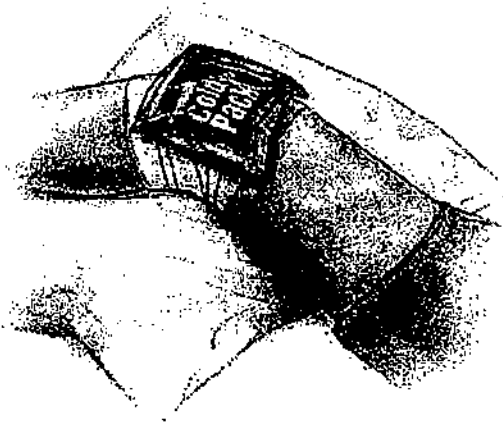
### Call your doctor if you have any of the following:

- Severe or increasing pain in your knee or leg
- Swelling in your entire leg
- Redness or warmth in your leg
- Heat, swelling, or tenderness in your calf
- A fever that lasts more than 24 hours

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# RICE



**Rest an injury, elevate it, and use ice and compression as directed.**

RICE stands for rest, ice, compression, and elevation. These can limit pain and swelling after an injury. RICE may be recommended to help treat fractures, sprains, strains, and bruises or bumps.

## Home care

The following explain the details of RICE:

- **Rest.** Limit the use of the injured body part. This helps prevent further damage to the body part and gives it time to heal. In some cases, you may need a sling, brace, splint, or cast to help keep the body part still until it has healed.
- **Ice.** Applying ice right after an injury helps relieve pain and swelling. Wrap a bag of ice in a thin towel. Then, place it over the injured area. Do this for 10 to 15 minutes every 3 to 4 hours. Continue for the next 1 to 3 days or until your symptoms improve. Never put ice directly on your skin or ice an area longer than 15 minutes at a time.
- **Compression.** Putting pressure on an injury helps reduce swelling and provides support. Wrap the injured area firmly with an elastic bandage/wrap. Make sure not to wrap the bandage too tightly or you will cut off blood flow to the injured area. If your bandage loosens, rewrap it.
- **Elevation.** Keeping an injury raised above the level of your heart reduces swelling, pain, and throbbing. For instance, if you have a broken leg, it may help to rest your leg on several pillows when sitting or lying down. Try to keep the injured area elevated for at least 2 to 3 hours per day.

## Follow-up care

Follow up with your health care provider, or as advised.

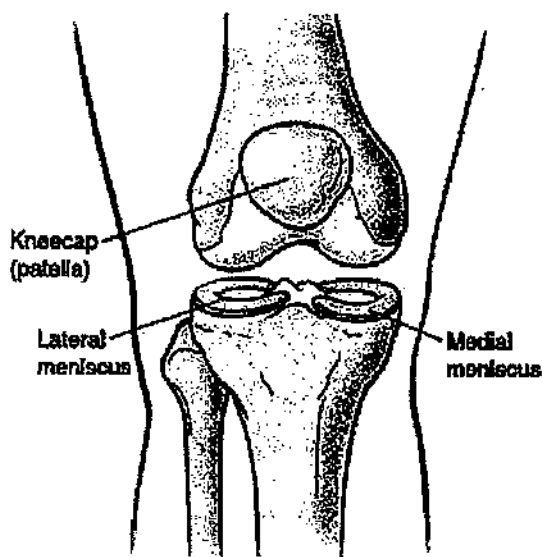
## When to seek medical advice

Call your health care provider right away if any of these occur:

- Fever of 100.4°F (38°C) or higher, or as directed by your health care provider
- Increased pain or swelling in the injured body part
- Injured body part becomes cold, blue, or numb or tingly
- Signs of infection. These include warmth in the skin, redness, drainage, or bad smell coming from the injured body part.

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## Knee Pain, Possible Torn Meniscus



The "meniscus" is a tough cartilage pad that cushions the inside of the knee joint. It serves as a shock absorber and spreads the weight of your body evenly across the knee joint. This prevents excess wear and tear to the bones of that joint.

The most common causes of meniscal tears are due to injury (especially related to sports) and degenerative disease (as occurs with aging).

A meniscus tear commonly occurs during a twisting injury when the knee is bent. This causes pain, swelling, reduced movement of the knee and difficulty walking. There may be popping, clicking, joint locking or inability to completely straighten the knee. Ligaments of the knee may also be injured.

Initial diagnosis of a torn meniscus is by physical exam and x-rays. In the case of an acute injury, the knee may be too painful to examine fully. A more accurate exam can be performed after the initial swelling goes down. An MRI (magnetic image scan) may be ordered to make a final diagnosis.

Initial treatment of a suspected meniscal injury is with ice and rest and preventing movement of the knee. A splint or Velcro knee immobilizer may be applied to protect the joint. Depending on the severity of the injury, surgery may be required. A cartilage injury may take 4-12 weeks to heal depending on the severity.

### Home Care:

1. Stay off the injured leg as much as possible until you can walk on it without pain. If you have a lot of pain with walking, crutches or a walker may be prescribed. (These can be rented or purchased at many pharmacies and surgical or orthopedic supply stores). Follow your doctor's advice regarding when to begin bearing weight on that leg.
2. Keep your leg elevated to reduce pain and swelling. When sleeping, place a pillow under the injured leg. When sitting, support the injured leg so it is level with your waist. This is very important during the first 48 hours.
3. Apply an ice pack (ice cubes in a plastic bag, wrapped in a towel) over the injured area for 20 minutes every 1-2 hours the first day. You can place the ice pack directly over the splint. If a

Velcro knee immobilizer was applied, you can open this to apply the ice pack directly to the knee. Continue with ice packs 3-4 times a day for the next two days, then as needed for the relief of pain and swelling.

4. You may use acetaminophen (Tylenol) or ibuprofen (Motrin, Advil) to control pain, unless another pain medicine was prescribed. [NOTE: If you have chronic liver or kidney disease or ever had a stomach ulcer, talk with your doctor before using these medicines.]
5. If you were given a splint, keep it completely dry at all times. Bathe with your splint out of the water, protected with a large plastic bag, rubber-banded at the top end. If a fiberglass splint gets wet, you can dry it with a hair-dryer. If you have a Velcro knee immobilizer, you can remove this to bathe, unless told otherwise.
6. Check with your doctor before returning to sports or full work duties.

## Follow Up

with your doctor, or as advised, within 1-2 weeks for another exam. Further testing may be required to assess the extent of your injury.

[NOTE: If X-rays were taken, they will be reviewed by a radiologist. You will be notified of any new findings that may affect your care.]

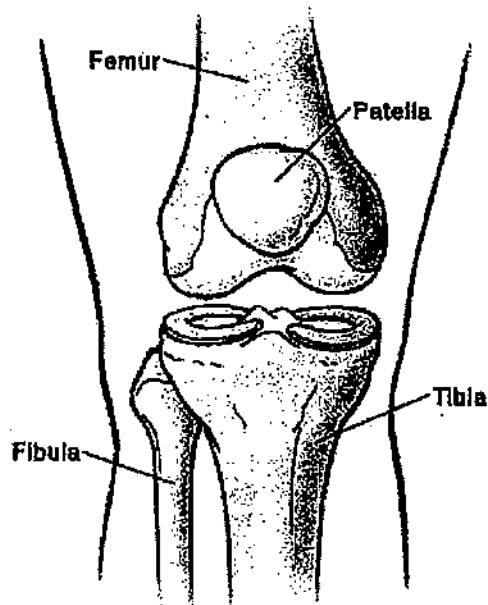
## Get Prompt Medical Attention

if any of the following occur:

- Toes or foot becomes swollen, cold, blue, numb or tingly
- Pain or swelling increases over the knee or calf
- Warmth or redness appears over the knee or calf
- Shortness of breath or chest pain
- Fever over 100.4°F (38.0°C)

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## Fracture:Knee



You have a break (fracture) of the knee joint. This causes pain, swelling and sometimes bruising.

This fracture is treated with a splint, cast or knee brace (immobilizer). It will take at about 4-6 weeks for the fracture to heal. Surgery may be needed to fix severe injuries.

### Home Care:

1. You will be given a splint, cast or knee brace to prevent movement at the knee joint. Unless you were told otherwise, use crutches or a walker and do not bear weight on the injured leg until cleared by your doctor to do so. (Crutches and walkers can be rented at many pharmacies and surgical/orthopedic supply stores).
2. Keep your leg elevated to reduce pain and swelling. When sleeping, place a pillow under the injured leg. When sitting, support the injured leg so it is level with your waist. This is very important during the first 48 hours.
3. Apply an ice pack (ice cubes in a plastic bag, wrapped in a towel) over the injured area for 20 minutes every 1-2 hours the first day. You can place the ice pack directly over the splint/cast/brace. Continue with ice packs 3-4 times a day for the next two days, then as needed for the relief of pain and swelling.
4. Keep the cast/splint/brace completely dry at all times. Bathe with your cast/splint/brace out of the water, protected with a large plastic bag, rubber-banded at the top end. If a brace or fiberglass cast/splint gets wet, you can dry it with a hair-dryer.



5. You may use acetaminophen (Tylenol) or ibuprofen (Motrin, Advil) to control pain, unless another pain medicine was prescribed. [NOTE: If you have chronic liver or kidney disease or ever had a stomach ulcer or GI bleeding, talk with your doctor before using these medicines.]

## Follow Up

with your doctor within one week, or as advised by our staff, to be sure the bone is healing properly.

[NOTE: A radiologist will review any X-rays that were taken. We will notify you of any new findings that may affect your care.]

## Get Prompt Medical Attention

if any of the following occur:

- The plaster cast or splint becomes wet or soft
- The fiberglass cast or splint remains wet for more than 24 hours
- Increased knee pain or tightness under the brace, splint or cast
- Toes become swollen, cold, blue, numb or tingly

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