



KNEE INJURIES

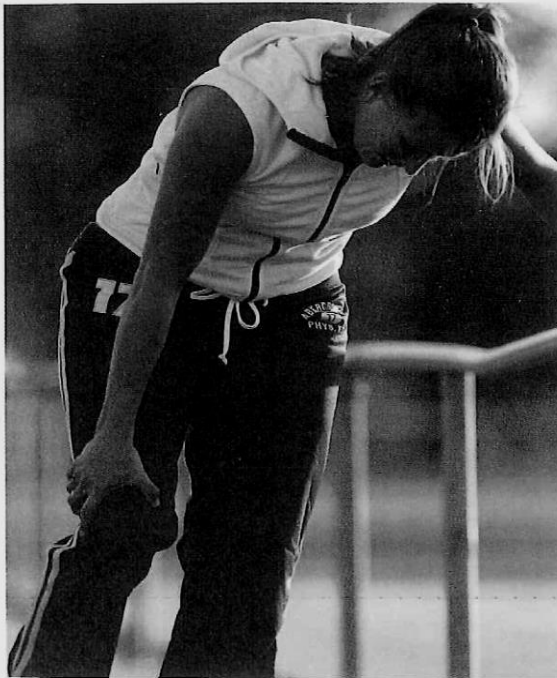
PHYSIOTHERAPY

WHETHER YOU PLAY SPORT SOCIALLY OR PROFESSIONALLY, A KNEE INJURY CAN PUT YOU OUT OF ACTION. PHYSIOTHERAPISTS PROVIDE EXPERT ADVICE AND TREATMENT TO SPEED UP RECOVERY AND GET YOU ACTIVE AGAIN FOLLOWING KNEE INJURY OR SURGERY.

TYPES OF KNEE INJURIES

Acute injuries: Result from a sudden trauma, such as an awkward fall, collision or twist of the knee joint.

Overuse injuries: Result from continuous activity or overload, such as running, jumping, cycling, weight training or bushwalking. These start gradually and usually relate to a range of factors such as structural or biomechanical problems, training methods, footwear, technique or running style.



ACUTE INJURIES

The ligaments and menisci (cartilage) of the knee may be injured.

Ligament sprain (or tear): Ligaments stabilise or strengthen joints. Over-stretching can cause tears to the ligament fibres, resulting in pain, swelling, loss of movement and giving way (instability).

Cartilage (meniscal) tears: The knee cartilages (or menisci) also provide stability to the knee joint. They are mostly torn during weight-bearing activities that involve twisting and turning. A torn cartilage (or meniscus) results in pain, swelling and locking or catching of the joint.

Management tips: Many injuries may be successfully treated without surgery by physiotherapy treatment and supervised rehabilitation. If damage is severe, surgery may be required. Physiotherapists work closely with medical practitioners, sports physicians and orthopaedic surgeons to assist recovery and rehabilitation.

OVERUSE INJURIES

These are much more common than acute injuries, and usually affect the patello-femoral joint or patellar tendon. If left untreated they often get progressively worse. Early diagnosis and treatment may result in a quicker recovery, and less pain.

Patello-femoral syndrome: Patello-femoral (or kneecap) pain affects approximately 20% of the population, and is associated with activities such as bending, squatting or stair climbing.

Patellar tendinopathy: The patellar tendon joins the thigh muscle to the leg bone. Injury to this tendon may be known as "jumper's knee", because it commonly occurs with repeated jumping and landing activities (basketball, volleyball etc).

Management tips: Physiotherapy treatment is essential to reduce the pain and disability associated with overuse knee injuries. In addition, Physiotherapists are well trained to address potential aggravating factors that may have contributed to the development of the overuse injury.

COBURG PHYSIO. CENTRE
173 BELL ST
COBURG 3058
Tel: 9354 9181

AUSTRALIAN PHYSIOTHERAPY ASSOCIATION
www.physiotherapy.asn.au



CAN KNEE INJURIES BE PREVENTED?

You may reduce the chance and severity of knee injuries:

- Warm-up and warm-down before and after exercise.
- Build up your exercise program by gradually increasing the frequency, duration and intensity, but don't work through pain.
- Maintain good general fitness and lower body strength and flexibility (especially calf, quadricep and hamstring).
- Practise standing on one leg to improve your balance and leg muscle strength.
- Skiers – get a qualified ski technician to check your binding settings (bindings must be set to weight and skill level).

WHEN TO RETURN TO WORK/SPORT

Your Physiotherapist will discuss the injury with you and estimate the time it will take to recover. This will vary from weeks to months, depending on the severity of the injury. The pain and swelling associated with an acute injury subside much faster than the time it takes for the ligament and muscles to regain normal strength. Returning to work or sport too early may delay healing and prolong recovery.

Your Physiotherapist can teach you how to tape your knee, or fit you with a knee brace if required. Your Physiotherapist can help you to plan alternative ways to maintain your fitness and muscle strength while you are recovering from your knee injury.

WHAT TO DO AFTER A SPRAIN

As soon as possible, and for 72 hours after injury, use the **RICE** method:

- | | |
|--------------------|---|
| Rest | Take it easy and only move within your limit of pain. |
| Ice | As soon as possible, and for 20 minutes every two hours, apply ice or a frozen gel pack wrapped in a damp towel. This helps to control bleeding and pain and reduces secondary tissue damage. |
| Compression | Firmly bandage the knee and include 5 cm above and below the joint. This helps to control swelling. |
| Elevation | As much as possible, elevate your leg higher than the level of your heart to reduce swelling. |

HOW PHYSIOTHERAPY CAN HELP

Your Physiotherapist will examine your knee to determine the type, extent and causes of your injury, and can order an X-ray or refer you to a doctor if needed. Early treatment will reduce any pain or swelling.

Special techniques called mobilisation may help to increase the movement of your knee joint (if required), improving your recovery. Your Physiotherapist will teach you exercises to improve the strength of the knee and other lower leg muscles to enhance your recovery and help prevent further injuries.

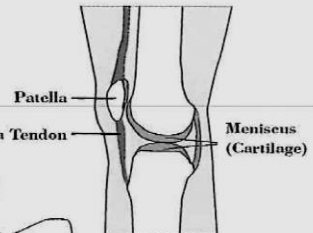
REHABILITATE

Recovery can start very early after an injury. Physiotherapy rehabilitation techniques will help reduce the time that your knee is painful and movement is restricted so that you can get back to work and sport more quickly. Rehabilitation also facilitates a good quality ligament repair and the return of normal muscle and nerve function.

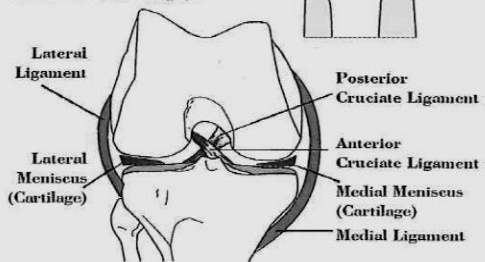
Avoid any of the **HARM** factors in the first 48 hours to prevent increased swelling and help your recovery. The **HARM** factors are:

Heat, **A**lcohol, **R**unning, **M**assage.

Side view of knee
(Cross section)



Front view of knee
Meniscus (Cartilage)



GENERAL

Many Physiotherapists in private practice are listed in the Yellow Pages. Physiotherapists also work in public hospitals and community health centres. Check to see if a Physiotherapist is a member of the APA. Members of the APA are bound by a professional Code of Ethics and have access to extensive and continuing postgraduate education programmes.

HEALTH REBATES

You may consult a Physiotherapist either directly or by referral from your medical practitioner. Most private health insurance funds offer rebates for physiotherapy treatment.

YOUR COMPLIMENTARY COPY SUPPLIED BY

COBURG PHYSIO. CENTRE
173 BELL ST
COBURG 3058
Tel: 9354 9181



AUSTRALIAN PHYSIOTHERAPY ASSOCIATION
Move well. Stay well.

© 2003 Australian Physiotherapy Association. ABN 89 004 265 150.