Knee Pain Overview Treatment

Self-Care at Home

In treating many types of knee pain, a common goal is to break the inflammatory cycle. The inflammatory cycle starts with an injury. After an injury, substances that cause inflammation invade the knee, which causes further injury, which leads to further inflammation, and so on. This cycle of inflammation leads to continued or progressive knee pain. The cycle can be broken by controlling the substances that cause inflammation, and by limiting further injury to tissue. Some common home care techniques that control inflammation and help to break the inflammatory cycle are protection, rest, ice, compression, and elevation. This regimen is summarized by the memory device PRICE.

- **PROTECT** the knee from further trauma.
  - This can be done with knee padding.
  - A pad over the kneecap, for example, helps to control the symptoms of some knee injuries (an example is a form of bursitis sometimes called housemaid's knee) by preventing further repetitive injury to the prepatellar bursae.

- **REST** the knee.
  - Rest reduces the repetitive strain placed on the knee by activity.
  - Rest both gives the knee time to heal and helps to prevent further injury.

- **ICE** the knee.
  - Icing the knee reduces swelling and can be used for both acute and chronic knee injuries.
Most authorities recommend icing the knee 2-3 times a day for 20-30 minutes each time.

Use an ice bag or a bag of frozen vegetables placed on the knee.

- COMPRESS the knee with a knee brace or wrap.
  - Compression helps accomplish 2 goals:
    - First, compression is another way to reduce swelling.
    - Second, in some knee injuries, compression can be used to keep the patella aligned and to keep joint mechanics intact.

- ELEVATE the knee.
  - Elevation also helps reduce swelling.
  - Elevation works with gravity to help fluid that would otherwise accumulate in the knee flow back to the central circulation.
  - Prop your leg up when you are sitting, or use a recliner, which naturally elevates the legs.

- Over-the-counter pain control medications: Commonly used pain relievers such as nonsteroidal anti-inflammatory drugs (NSAIDs) such as naproxen (Aleve or Naprosyn) and ibuprofen (Advil or Motrin) also play a role in the treatment of knee pain.
  - These drugs directly control pain and, at higher doses, act as anti-inflammatory agents, helping to break the inflammatory cycle. Like all medications, however, these drugs have side effects.
  - You should not use NSAIDs if you have a problem with bleeding or stomach ulcers or some types of kidney disease.
  - Acetaminophen (Tylenol) can also be used to control knee pain but does not have the anti-inflammatory properties of the NSAIDs. Still, this treatment is remarkably useful in many types of knee pain such as osteoarthritis.

When to Call the Doctor

When you are deciding whether to call the doctor, a good rule of thumb exists for most long-term knee injuries. If your symptoms have not gone away after trying 3-7 days of PRICE therapy and over-the-counter anti-inflammatory pain medications, you should set up an appointment with your doctor or a sports medicine or orthopedic (bone and
When to Go to the Hospital

- If you cannot walk on your knee, you should immediately go to the hospital's emergency department to be evaluated by a doctor because of the possibility of a fracture.
  - Many fractures may require immobilization in a specific position or surgery.
  - Putting off seeing a doctor may hinder healing.
- Other signs and symptoms that demand emergency evaluation:
  - Fever (which may indicate infection)
  - Unbearable pain
  - Drainage
  - Large wounds
  - Puncture wounds
  - Swelling, if you are on a blood thinner (warfarin or Coumadin) or have a bleeding disorder (such as hemophilia)

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