PATIENT HANDBOOK

Looking after your knees

What tends to help, what tends not to, and when a knee problem needs a doctor.

NOTTS OSTEOPATHY

How to use this

This handbook is about everyday knee pain: the ache on stairs, the knee that complains after a run or a day of kneeling, the stiffness that follows a long sit.

It explains what generally helps, what tends not to, and the warning signs that mean a doctor should look at you first – those are on page 6.

It is general information for adults, and it is not a diagnosis. A leaflet cannot examine you, so it cannot tell you what is causing your pain.

If a clinician has already given you advice about your own knee, follow that advice ahead of anything here.

HOW YOUR KNEES WORK

A hinge that carries you up and down

Stairs, slopes, sitting down and standing up again — the knee's working day is spent lowering and raising your whole body weight, over and over. Going downstairs, the load through the joint is several times what standing puts through it, all controlled by the big muscles of the thigh.

The joint itself is where the two longest bones in the body meet, cushioned by two crescents of cartilage and steered by ligaments at the sides and centre. The kneecap rides in a groove at the front, giving the thigh muscles the leverage to do their lowering-and-raising job.

Because the muscles do so much of the controlling, the knee's comfort tracks their condition closely. Strong, regularly used legs protect the joint; a sedentary spell followed by a sudden demand is the classic recipe for a knee that complains. The knee also answers to its neighbours — the hip above and the foot below both shape how it loads.

Knees are also honest about disuse. After a long sit they stiffen, and the first steps creak into motion; that start-up stiffness is common, and it is a request for movement rather than a warning against it.

> The strength of the legs is the knee's main protection — kept, like the joint's range, by being used regularly and built up gradually.

WHAT TENDS TO GO WRONG

Common patterns, and the stories behind them

These are patterns we see often. They are descriptions, and reading one that sounds familiar does not tell you what you have — only an assessment can do that.

The ache behind the kneecap

A common story: an ache around or behind the kneecap that shows up on stairs, hills, squatting, or after sitting with the knees bent — the cinema seat is famous for it. It is one of the most frequent knee complaints at every age, it often follows a change in activity, and it generally responds to letting things calm down and then rebuilding the legs' workload gradually.

The knee that objects to a new load

Soreness below or above the kneecap, or along the tendons, after a jump in running distance, a new sport, or a season of hill walking. This is tendon territory, and the story is nearly always dose: more than the knee was used to, sooner than it was ready for. Manage the dose, keep the leg working, rebuild in steps.

The middle-aged knee that swells and settles

From mid-life onwards, knees sometimes flare — achy, a little puffy, stiff after rest — then settle over weeks, often after an unusually heavy spell. Scans of knees this age commonly show cartilage changes in people with no pain at all, so a flare is not evidence the knee is wearing out. Staying active between flares is the best-supported thing you can do for it.

When the knee is not the whole story

Knee pain that starts at the hip or back

The hip refers pain down the thigh to the knee often enough that a knee examination routinely checks it – particularly pain at the front of the knee with a hip that has quietly stiffened. Nerve irritation in the low back can reach the knee too. Finding the real source changes the advice, which is why we look at the whole leg.

The twist with a pop

A twist on a planted foot – sport, a slip, an awkward turn on the stairs – followed by a pop, rapid swelling, or a knee that will not take weight is a different animal from the gradual aches on the previous page. That combination should be assessed promptly by a doctor; see page 6. A knee that locks solid or gives way repeatedly after such an injury also needs assessing, even once the pain has faded.

The knee that creaks

Knees are the noisiest joints most people own – crackling on stairs, clicking on squats. On its own, without pain, swelling or giving way, a noisy knee is common at every age and rarely a cause for concern. Noise plus symptoms is worth an assessment; noise alone is just a knee talking.

Signs that need a doctor, not this handbook

Most knee pain is not a sign of anything serious. The signs below are the exceptions. If any of them applies to you, put this handbook down and speak to a doctor — they are the reason this page exists.

When to see a doctor

Numbness in the saddle area, or loss of bladder or bowel control — **999 or A&E**

Sudden severe weakness in a limb, or loss of coordination

Chest pain, breathlessness, or pain with sweating and nausea

Pain after a significant fall or accident

Unexplained weight loss, fever, or night pain that wakes you and does not ease

A joint that is hot, swollen and red

None of these means the worst has happened — they mean a doctor should look before anyone else does. If you are unsure whether a symptom belongs on this list, call NHS 111, your GP, or us, and ask.

Bent and still is what knees mind most

Knees at work rarely object to movement. What they object to is being parked – bent under a desk, folded in a car, or pressed into the floor – for hours at a stretch.

At a desk. Room to straighten the legs matters more to a knee than any chair specification. Most people find it easier with space to slide the feet forward and back through the day, and with the habit of standing every so often – the knee's version of a stretch.

Driving. Long drives park the knees at one angle with the added job of pedal work. Setting the seat so the knees are not jammed high or fully cramped helps; stops that get you out and walking help more.

Kneeling work. Flooring, gardening, plumbing, playing with small children – kneeling concentrates load on the front of the knee. Knee pads or a kneeler spread it, and swapping between kneeling, squatting and sitting spreads it further. Sore knees usually tolerate a rotation of positions far better than a morning of any single one.

On the feet all day. Standing work loads knees well when it is familiar. The catch is the sudden change – new floors, new boots, a stocktake week. Where you can, build changes in gradually and use any chance to sit or perch as a dose of variety.

> After any long sit, let the knees straighten and take a few ordinary steps before asking them for stairs at speed. The first steps are the joint warming back up.

SLEEPING

Getting a sore knee through the night

Knees disturb sleep less often than backs and shoulders do, but a flared one can make its presence felt – usually because the knees are pressing on each other, or because the joint has been parked bent all night.

Side sleepers. A pillow between the knees stops bone pressing on bone and takes the twist off the top leg. It is the same trick that comforts sore hips and backs, and it is the first thing to try.

Back sleepers. A slim pillow under the knees keeps them softly bent and comfortable for most people. A permanently propped-up knee that never fully straightens can stiffen into that habit, so keep the prop modest and let the knee straighten during the day.

Pillows and mattresses. Comfort decisions, as everywhere in this series. No mattress prevents or fixes knee pain; the useful changes are the cheap ones above.

A knee that is stiff for the first minutes of the morning and loosens with movement is common and, on its own, not a worrying sign. A knee that is hot, swollen and red, or night pain that wakes you and does not ease, is on page 6.

Build up gradually — sudden jumps cause the trouble

Knees tolerate impressive loads when the load is familiar. The classic knee story is a sudden jump: a new running plan, the first hill-walking weekend of the year, a house move done in a day, a return to five-a-side after a decade off.

Running and walking. Distance, pace, hills and surface are all doses. Change one at a time, in steps, letting each settle. Downhill is the concentrated dose for knees — build it up last.

Lifting. Using the legs to lift is good for knees, not a hazard to them — that is where the strength lives. Keeping the load close and within what your body is currently used to matters more than any single technique, and no technique has been shown to prevent injury.

Squatting and kneeling. Ordinary squatting to the floor is a normal human movement, and knees keep their tolerance for it by doing it. During a flare, shrink the depth and frequency rather than abandoning it, and let both return as things settle.

Coming back after a flare-up. Start below what you think you can manage and build in steps, letting each step settle before the next. Some soreness as you rebuild is normal and does not mean you have set yourself back.

WHAT NOT TO DO

Five things that feel sensible and tend to backfire

Resting it until it stops hurting

The legs lose strength quickly when they stop working, and the knee's main protection goes with it. Staying active within comfort helps most non-specific knee pain settle; weeks in the armchair leave the knee weaker than the flare found it.

Giving up stairs, squatting or kneeling for good

Avoiding a movement teaches the knee to tolerate less of it, and the fear often outlasts the pain. Shrink the dose during a flare; abandoning the movement entirely is how knees lose it.

Living in a support bandage

A simple sleeve can feel comforting, and used that way it is harmless. Worn all day, every day, in place of rebuilding the leg's strength, it becomes a substitute for the thing that actually protects the knee.

Reading every creak as wear and tear

Knees are noisy, and sore ones seem noisier. On its own, without pain, swelling or giving way, a creaking knee is common at every age and rarely a cause for concern — and "wear and tear" is a poor description of how joints actually behave, which is more like "adapt and grumble".

Assuming you need a scan before anything can help

Scans are for specific questions — usually the warning signs on page 6, or the twist-with-a-pop injury on page 5. For everyday knee pain a scan rarely changes the advice, and it often shows the age-related changes described on page 4, which are common in people with no pain at all.

SIMPLE THINGS THAT HELP

General movement, done often

Nothing on this page needs equipment, a programme or a decision about whether you are doing it right. It is ordinary movement, and for most everyday knee pain that is the point.

Walk, in doses that suit today. Flat and familiar while things are sore, with hills and distance returning as comfort does. Shorter and more often beats long and occasional.

Change position regularly. Whatever parks the knee for long spells – desk, car, sofa, kneeling – interrupt it. The earlier pages of this handbook are variations on this one idea.

Use the movement you have. A few times a day, sit and gently straighten and bend each knee through its comfortable range, and rise from a chair a few times using both legs. You are reminding the knee of its range and the legs of their job, and both tend to stay when they are used.

Build activity gradually. As things ease, add back what you normally do a step at a time, letting each step settle before the next.

Look after the basics. Sleep, general activity and stress all influence how much pain you feel. They are unglamorous levers, and they move more than people expect.

> *These are general suggestions, not a treatment plan. If something hurts, stop, and get it looked at properly.*

WHEN WE CAN HELP

What an appointment involves

If your knee is not settling, or you would rather have it assessed than wonder about it, that is what we are for. Osteopaths work with musculoskeletal problems – joints, muscles, tendons, nerves and the way they behave together – and knees, with their neighbours the hip and foot, are a regular part of the week.

A first appointment starts with your story: when it began, what it stops you doing, what you have tried. Then an examination – watching how you walk, squat and take stairs, checking how the hip and foot are contributing, and using our hands to assess the joint and the tissues around it. We explain what we find in plain language, and agree a plan with you before anything else happens.

Treatment, where appropriate, is hands-on work alongside advice on load, activity and daily habits. Like any treatment it carries some risk, which we discuss with you beforehand. And if we think your knee needs a GP or further investigation instead of us, we will say so and help you get there.

NOTTS OSTEOPATHY

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Monday to Thursday 7.00am–7.00pm, Friday 7.00am–6.00pm. Closed at weekends.

All our osteopaths are registered with the General Osteopathic Council.

General information only, not a diagnosis. If you are worried about a symptom, speak to your GP or call us.