



**Rehabilitation and Retraining Trust**

# Knee Matters

Knees are the largest joint in our body and when working efficiently they allow us to have great function. They carry full body weight (and whatever else you are carrying) and transmit power from the large thigh muscles to enable us to run, jump, climb and land. The structures at your knee all have their specific role in maintaining this ability to function. They allow our knees to be stable enough that we can accelerate/ decelerate, land from a height, walk on



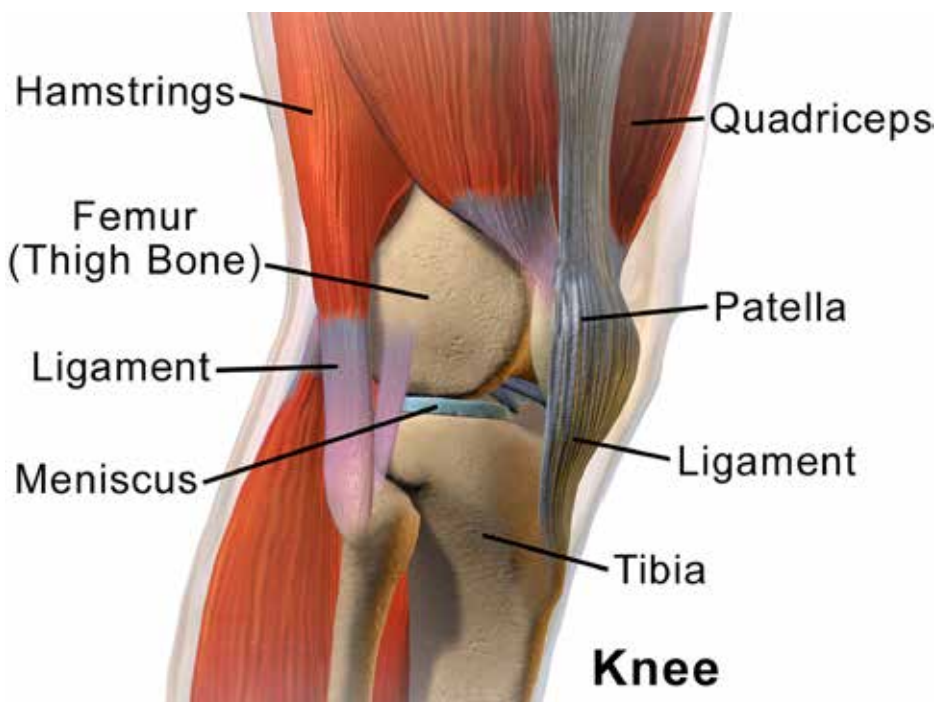
uneven surfaces and play sport in which we change direction quickly. They also allow our knees to be mobile enough to squat fully, walk freely and sit comfortably.

A quick recap on our knee anatomy-

- The knee joint is where the Femur (Thigh bone) meets the Tibia (shin bone)
- The joint surface is covered in Cartilage- it

is a smooth structure to allow the knee to move easily and without friction

- We have two extra tough fibrocartilage structures within our knee joint to allow for greater shock absorption called the Menisci
- The ACL and PCL (cruciates) are strong ligaments within the joint itself which keep the knee stable
- There are large Collateral ligaments on either side of our knee to allow the knee to move precisely through its ROM and provide further stability
- The Patella (kneecap) at the front acts like a pulley to allow us to bend and straighten the knee with greater strength
- The muscles in our thigh the quadriceps (at the front), hamstrings (at the back) travel past the knee and control the speed, strength and way in which we move at our knee. It is imperative we have adequately trained muscles to allow good knee joint function.



Knee injuries are not uncommon and can affect any of these structures, it is important to know what to do if this happens.

**WHEN DO I SEEK MEDICAL ATTENTION? AND WHEN DO I NEED MY KNEE IMAGED (MRI OR X-RAY)?**

There are times when medical or surgical intervention may be needed straight away-

- If there is a significant trauma to your knee
- If you are concerned there may be a fracture to any of the bones at your knee
- If your knee or knee cap dislocates
- If your knee or calf are hot, red and swollen
- If your knee is truly locking or giving way (ie actually has locked or has given way not just the sensation of these)

**WHEN DO I SEEK PHYSIO TREATMENT?**

Physiotherapy treatment is appropriate for almost all knee injuries. Our skill as physiotherapists is to diagnose your knee

problem and rehabilitate it back to full function. Here are some of the common issues we see-

- Ligament injuries
- Muscle injury; pain and weakness
- Tendon injuries
- Knee joint or meniscal pain
- Reduced knee function (Range of movement, strength, balance, or sport/work specific)
- Post- op knee surgery
- Osteoarthritis of the knee

Treatment options can include manual therapy, soft tissue massage/release, pain management such as acupuncture or electrotherapy, activity modification advice and of course functional rehab which will include exercises specific to your injury.

We want to get you fit and back to your usual activities as soon as possible and to reduce the likelihood of any recurrence. Of course prevention is always better than cure so here are some top tips for healthy knees-

- Eat a balanced diet
- Maintain a healthy weight
- Wear appropriate footwear
- All exercise is good; so choose your favourite and get going
- If starting a new exercise programme or activity, gradually increase the amount you do in order to let your body adjust
- KEEP YOUR LEG MUSCLES STRONG AND FLEXIBLE – here are a few simple examples. However a physiotherapist can tailor the programme to meet your specific needs.

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**If you would like to book an appointment with a Physiotherapist at PRRT for knee pain or any other condition then serving officers can request a referral from their line manager through the Seapark Scheme while retired officers can self-refer by contacting PRRT directly on 028 9042 7788. For more information about all PRRT services and how to access them, please visit our new website at [www.prrt.org](http://www.prrt.org)**

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