Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · ORTHOPAEDICS AND PHYSIOTHERAPY

Knee pain
what it usually is, and what needs looking at

The knee is the joint most people expect to wear out, and the one where the fear of doing damage most often leads to exactly the wrong behaviour. For the majority of knee problems, including arthritis, the treatment that works best is loading the joint more, not less.

Seek urgent assessment if your knee

- is **hot, red and swollen with a fever** — this may be infection in the joint
- is **locked** and will not fully straighten
- **gave way with an audible pop** and swelled within an hour
- **cannot take any weight**, or you cannot walk four steps
- looks **deformed**, or the kneecap is out of place
- is painful with **calf swelling and breathlessness**

A hot swollen knee with fever is septic arthritis until proven otherwise and destroys cartilage within days. An X-ray is warranted after injury if you are over 55, cannot bear weight for four steps, cannot bend the knee to 90 degrees, or are tender over the kneecap or the head of the fibula. In an emergency call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

Where the pain is tells you a lot

- **Around and behind the kneecap**, worse on stairs, squatting and after sitting — patellofemoral pain. Very common, particularly in younger and active people, and highly responsive to exercise.
- **On the joint line, with catching or locking** — meniscal problem. Degenerate tears in over-40s usually settle without surgery.
- **Deep, generalised, stiff for under 30 minutes in the morning**, worse after activity — osteoarthritis.
- **Outer side, in runners and cyclists**, coming on at a predictable distance — iliotibial band syndrome.
- **Below the kneecap, in jumping athletes** — patellar tendinopathy.
- **Behind the knee, with a soft swelling** — Baker's cyst, usually secondary to something else in the joint.

Exercise is the treatment for knee arthritis, not a risk to it

The belief that using an arthritic knee wears it out faster is understandable and wrong. Structured exercise is the single most effective treatment for knee osteoarthritis — better evidenced than painkillers, injections or arthroscopy — and it does not accelerate joint damage. Strong quadriceps offload the joint. Some discomfort during and shortly after exercise is acceptable; what matters is that it settles within 24 hours.

What to do in the first days after an injury

- Keep weight going through it as pain allows; use crutches only if you genuinely cannot walk.
- Ice for 10 to 20 minutes several times a day for the first 48 hours, wrapped in a towel.
- Elevate when sitting, and avoid prolonged bending.
- Move the knee gently through its range from day one.
- Paracetamol, or an anti-inflammatory taken by mouth or as a gel if it suits you.
- Swelling that appears within an hour of injury suggests bleeding in the joint and warrants prompt assessment; swelling appearing the next day is less concerning.

Longer-term management

Strength
quadriceps and glutes, twice weekly

Weight
1kg lost removes about 4kg of load per step

Movement
little and often beats occasional bursts

- **Quadriceps and hip strengthening** is the foundation for almost every knee diagnosis. A physiotherapist-set programme beats generic exercises.
- **Low-impact activity** — cycling, swimming, cross-trainer, walking — maintains the joint without high loading.
- **Weight management** has a disproportionate effect because of the leverage across the knee.
- **Topical anti-inflammatories** are recommended ahead of tablets for knee arthritis and are effective with fewer risks.
- **Steroid injections** can help a painful flare but are short-lived and should not be repeated frequently.
- **Arthroscopy is not recommended** for degenerative knee disease without true mechanical locking — the evidence shows no benefit over exercise.
- **Knee replacement** is highly effective for advanced arthritis when pain and function no longer respond to everything else.

Book an appointment if your knee locked or gave way, has been swollen for more than a few days, is limiting your walking or work, or is not improving after six weeks. We perform ultrasound on site and arrange X-ray and MRI quickly through our CQC-registered imaging partners, and our orthopaedic and physiotherapy teams see knees seven days a week without a referral.

Where to get help

Tower Bridge Hospital London
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020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
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In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Orthopaedics** · **Physiotherapy** · **MRI scans** · **All patient leaflets**

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This leaflet is based on current NHS and NICE guidance on knee pain and osteoarthritis. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.