

Bursitis Of The Knee

The aim of this leaflet is to give you some understanding of the problems you have with your bursitis in your knee and to provide some advice on how to manage this. It is not a substitute for professional healthcare advice and should be used along with information you may be given by your GP or other healthcare practitioner.

Background information

What is Bursitis of your knee

A bursa is a small fluid filled sac that acts as a buffer between tendons and bones. The best way to imagine it is like two bits of cling film with olive oil between them so that it allows tendons to glide smoothly over the bone. There are four bursae around the knee joint. Bursitis is when the bursa becomes inflamed and can be very painful. It is commonly known as Housemaid's knees.

Causes

Overuse or repetitive rubbing on the bursae around the knee can cause bursitis. Bursitis can also occur from trauma or overuse like long distance running and continuously kneeling. It can also occur for no reason. People who suffer from Rheumatoid arthritis and gouty arthritis and pseudogout can suffer from bursitis too.

Symptoms

Pain - on bending or straightening the knee

Swelling - over the front of the knee

Heat - warmth, tenderness, and redness over the swelling.

Diagnosis

The main way we diagnose your bursitis is through what you tell us and by examining your knee. Other investigations may be considered, these can be discussed with your health care professional.



Treatment

Self Help

Keep moving: as this prevents stiffness. Avoid standing or sitting still for long periods of time

Cold: a cold pack can help ease your pain. Put a damp tea towel around your knee to protect your skin. Leave on for up to 10 minutes. Check your skin regularly.

Pace yourself: Make time to do your exercise. Plan some breaks in your activities for the day. Avoid activities that irritate your symptoms like pain, stiffness or swelling.

Exercises

All exercises should be relatively comfortable to do. If you have pain on a specific exercise that does not settle quickly, you should stop that exercise.

Exercise 1: Active range of movement

Lie on your back with something smooth under your heel e.g. a tray or plastic bag. Bend and straighten your hip and knee by sliding your foot up and down the surface.



Exercise 2: Static Quadriceps

Lie on your back with your legs straight. Pull your foot up, tighten your thigh muscle and push your knee down firmly against the bed.



All exercises should be relatively comfortable to do. If you have pain on a specific exercise that does not settle quickly, you should stop that exercise.

Medication

Many people use medication to help them remain active and to cope with their pain and symptoms. It is recommended that you take your medication regularly. It is best to get advice from a GP or pharmacist.

Other Intervention

There are other health interventions which may be appropriate for your condition. These can be discussed with your health care practitioner.

Work

It is usually recommended that you try to stay at work or get back to work as soon as possible. You do not need to be fully pain and symptom free to return to work. Research shows the longer you are off work the less likely it is that you return.

Final statement

Try to stay positive. There is a lot you can do to help yourself. Most symptoms do settle with time.

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