

# Knee Pain

## Focused History

### History of Present Illness

*Caveat:* Make sure knee pain is not referred pain from a foot or hip or radicular from the back.

1. **Character/circumstance:** Quality of pain, recent trauma, recent overuse?
2. **Exact location**
3. **Exacerbating/alleviating factors:** Activity, position, over the counter or prescription drugs (any GI side effects from nonsteroidal anti-inflammatory medication or aspirin use?), heat or cold, ace wrap, rest.
4. **Radiation**
5. **Associated symptoms**
  - Does knee lock or give way?
  - Fever or chills, weakness?
  - Numbness or tingling in leg?
  - Any other joints involved?
6. **Severity:**
  - Rate (scale of 1–10)
  - Interferes with activities, job, or hobbies?
  - Does the pain wake the patient at night?
7. **Timing:**
  - Pattern: Acute or chronic, constant or intermittent?
  - Onset: Sudden or gradual?
  - Duration of each episode and total time of the pain?
8. **Relevant past medical history:** Other musculoskeletal pains or conditions that may interfere with ambulation, history of past injury, drug allergies (always), any current medications.
9. **Relevant social history:** What is patient's concern about the pain? Occupation and hobbies, alcohol use (relevant if considering drug treatment).

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## Focused Physical Exam

1. **Vital signs**
2. **General appearance:** Limping, in pain, in no acute distress?
3. **Systemic exam** if systemic symptoms indicate. (*Caveat*—also check hip, back, and foot.)
4. **Musculoskeletal:** Other joints as indicated by history.
  - Knee inspection:*
    - Compare to the other knee: Swelling, deformity, muscle atrophy, heat.
    - Palpation: Along joint line with knee flexed, patella, suprapatellar bursa, posterios fossa for Baker's cyst.
    - Range of motion, active and passive: Any limitation of motion for hip as well as knee.
    - Special maneuvers: Mobility of the patella, stability to valgus and varus stress, Lachman's, McMurray's drawer test.
  - Hip inspection:*
    - Patrick's test, adduction, abduction as indicated.
  - Foot inspection:*
    - Bony abnormalities, tender areas as indicated.
5. **Neurological exam (limited or full):** As history and knee exam indicate.
6. **Dermatological:** Look for rash if generalized joint problems.