

OSTEOPATHIC MEDICINE AND KNEE PAIN!

We've all watched the biggies go down on the football field or the basketball court with knee injuries of catastrophic proportions. The result is often prolonged disability. Surgical intervention ranging from arthroscopic microsurgery to ligament reconstruction is often necessary. This can add up to a tremendous loss for both the athlete and his/her team. Often, it's the difference between a championship and finishing out of the money. Too frequently it signals the end or at least the abbreviation of a promising career.

Tough situations! What really matters to YOU is the pain in the front of YOUR knee when you hit the step machine or the treadmill or the stiffness you feel after sitting in a movie for a couple of hours. That is getting in the way of your fitness training, your running, and your squash or volleyball game. This is really serious.

What's it all about? The kneecap (patella) under normal conditions glides smoothly and symmetrically in a shallow groove (the trochlea) in the front of the thigh bone (femur) as you bend and straighten your knee. That glide may become irregular, or the patella tilted in the trochlea. Tight muscles in the front of the thigh (quadriceps) may increase the pressure of the patella on the trochlea, eventually eroding the shiny, smooth cartilage of the trochlea and the undersurface of the patella. As an end result, the cartilage becomes roughened, thinned and inflamed resulting in chondromalacia. Eventually, arthritis develops with time.



The major factors contributing to patello-femoral misalignment and thus pain, more than one of which is frequently operative in the same individual, are:

1. Imbalance between the quadriceps muscles on the inner and outer aspect of the thigh. The quadriceps pulls the patella up as the knee is straightened, and frequently the outer thigh muscles are the stronger and tend to pull the patella laterally. This may be enhanced by tightness of the iliotibial band running from the buttock to the outside of the knee. This imbalance is addressed by stretching the iliotibial band, strengthening the medial quadriceps and taping or bracing the patella to reduce its lateral deviation.

2. Excessively pronated (rolled in) feet may twist the femur medially, relatively laterally displacing the patella and twisting the tendons above and below it. This may contribute to patella-femoral pain and also to tendinitis involving the tendons above or below the patella. Special shoes or orthoses may correct excessive pronation.

3. Anterior knee pain may be caused simply by tightness of the quadriceps muscle, compressing the patella against the trochlea. Stretching the quads usually manages this problem.

4. If the patella is too small, or rides too high on the femur (patella Alta), or the trochlea too shallow, the tendency of the patella to deviate from its course is increased. Taping or the use of a patella restraining brace, along with the appropriate strengthening exercises usually works.

5. Excessively flared out hips, particularly in the presence of obesity may increase the lateral pull on the patella. Weight reduction, strengthening the medial and stretching the lateral quadriceps may afford some relief.

6. A small band of tissue, the medial synovial plica, on the inner aspect of the knee may become thickened and inflamed in the presence of abnormal patellar excursion. Correction of foot and knee biomechanics, anti-inflammatory therapy with medication, ice, and physical therapy will address this problem. Surgical intervention, usually arthroscopic, is sometimes needed.

The bottom line in this and other musculo-skeletal problems Osteopathic Medicine is accurate, timely diagnosis followed by prompt, appropriate management through Osteopathic Manipulative Techniques (OMT). The sooner it's addressed, the more effectively it gets handled. And that's what we do as Osteopathic Physicians. It is important that patients should be aware that almost all osteopaths in Lebanon are not medical doctors, they have anarchic training and poor medical backgrounds, they are not recognized by social health insurance, nor the health ministry and nor the Lebanese Order of Physicians; so patients, for their wellbeing, should call and verify at the LOP (Lebanese Order of Physicians) if the therapist is a certified and registered medical doctor to ensure a good medical treatment as well as a good follow-up...

Elie MALEK MD, DOM

OSTEOPATHIC MEDICINE

Member of the French

Professional Association For

Osteopathic Physicians

Member of the French Society

for Orthopedic and

Osteopathic Manual Medicine

Member of the World

Osteopathic Health

Organization

Training Monitor at the French

Academy for Post-Graduate

Training for

Osteopathic Physicians - Paris