

Anterior knee pain

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In adolescents the extensor mechanism of the knee is a common site of knee pain. Osgood-Schlatter disease is a traction apophysitis of the patellar tendon insertion. Pain, tenderness and swelling at the tibial tubercle, exacerbated by exercise, are diagnostic and radiographs are unnecessary (although, in unilateral cases, it may be important to exclude other diagnoses such as a malignancy). Treatment is relative rest and analgesia, and the condition resolves once the apophysis has fused. Patellofemoral pain is common and often attributed to an adolescent growth spurt: symptoms are exacerbated either by activity or by resting with the knee flexed. Alterations to activity levels and sitting position and physiotherapy to stretch and strengthen both the hamstrings and the quadriceps muscles usually result in a return to normal within a few months. Patellofemoral pain may be associated with patellar maltracking and/or instability. Physiotherapy develops the quadriceps muscles, particularly the vastus medialis oblique (VMO), and counteracts wasting secondary to the pain. Many operations improve patellar tracking and these include options for realignment of the extensor mechanism both proximally and distally. Anterior knee pain

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