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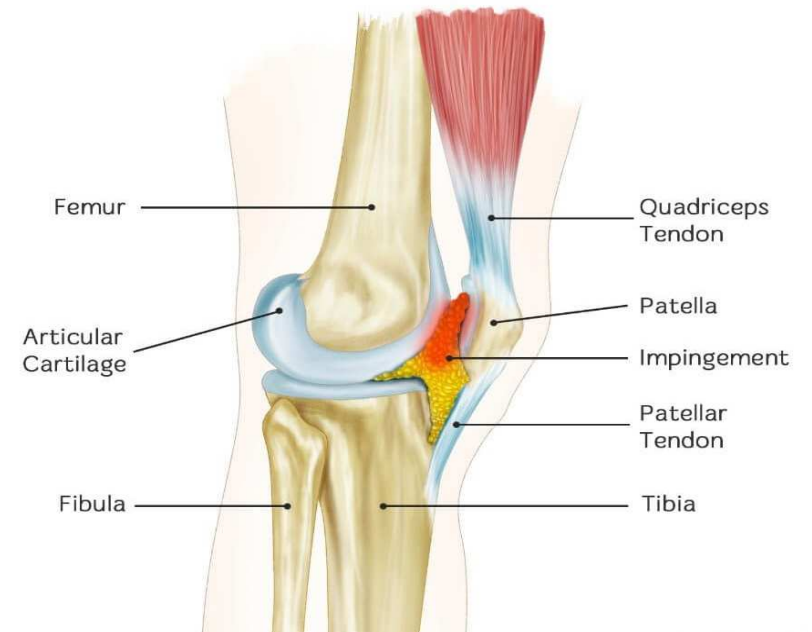
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# Fat Pad Impingement

## Physiotherapy Department



## The Knee joint

The knee is a hinge joint. Movement occurs where the thigh bone (femur) meets with the shin bone (tibia). Muscles, tendons and ligaments hold the joint in place and help with movement. Cartilage (meniscus) also sits within the joint to provide shock absorption and stability.

### What is the fat pad, why does it become 'impinged'?

There are various fat pads in the body which provide cushioning between certain structures. The one in the knee can cause various problems and is often overlooked.

The fat pad is like a cushion that sits behind the knee cap and is highly sensitive due to its rich nerve supply and so when irritated can become very painful.

As well as the fat pad, there are other structures in the knee called bursae which can behave in a similar way if irritated.

Whilst your physiotherapist can help to identify which structures are irritated, the initial management advice is similar for all of them.

Irritation of these structures can occur for a number of reasons including:

- Direct trauma
- Repetitive strain

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### Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty.

If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email [asp-tr.patient.advice@nhs.net](mailto:asp-tr.patient.advice@nhs.net). If you remain concerned, the team can also advise upon how to make a formal complaint.

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## Straight leg raise:



- Lie on your back with one knee bent and the leg to be worked straight.
- Lift the straight leg off the bed about one foot high.
- Be sure not to over squeeze the knee down before lifting.
- Hold for 5 seconds and relax the leg down. Repeat 5-10 times 2-3 x a day.

## Prone knee bend:



- Lie on your stomach and bend the affected knee bringing the heel towards your buttock.
- Lower the leg back down slowly to the starting position.
- Repeat 5-10 times 2-3 x a day.

Before you progress back to your normal exercises routines, you should be able to perform these exercises with a less than 3/10 pain rating.

All exercise images provided with consent of [www.physiotec.ca](http://www.physiotec.ca)

- Muscle imbalance
- Altered biomechanics
- Increased flexibility or inflexibility in the joints

Your physiotherapist will identify the cause of your symptoms to enable efficient long term management.

## What can I do to help myself?

Breaking the cycle of inflammation and swelling is key, without this you may struggle to perform exercises that will help your symptoms in the long term. This can be achieved with;

- **Ice:** 15 minutes every 3-4 hours during the day, making sure it is not in direct contact with your skin.
- **NSAIDS:** Certain anti-inflammatory medications can help but make sure you speak to your GP or pharmacist about appropriate doses.
- **Activity Modification:** By identifying and reducing the activities that aggravate your symptoms in the short term, you can help your symptoms to settle eg. If you normally walk up to 30 minutes a day, reduce this to 20 minutes. Pacing your day to day activity by taking regular rests is also helpful.
- **Exercise:** Regular exercise can help strengthen the muscles around the knee and the lower limb in general and should not be performed into excessive pain. This can help

to support the joint and allow it to function more efficiently which in turn can help to reduce pain and prevent it from returning. Your physiotherapist can advise on specific exercises for you.

## How can physiotherapy help?

Your physiotherapist can offer an individualised, progressive exercise program to target any problem areas highlighted during your assessment. They will also reiterate the early management advice.

Your physiotherapist may also consider taping your knee to help with your symptoms.

Long term rehabilitation will only be effective once you achieve a successful offloading period to settle your acute symptoms. Your physiotherapist will be able to guide you when returning to your activities in the longer term.

## How long will it take for me to get better?

We would expect that with strict adherence to the advice and exercises provided that your acute symptoms should settle in 2-4 weeks.

In the longer term, as each person's reason for developing symptoms will differ, recovery rates will vary.

Your physiotherapist will discuss your expected treatment outcomes with you as well as setting individual treatment goals.

## Exercises

**Level 1:** These are early stage exercises that can be started once you have successfully completed your offloading period and your pain has reduced.

It is safe to perform exercises up to 3-5/10 on a self-rating pain scale, where 0 is no pain and 10 is the most pain, and to then gradually progress back to your previous level of exercise/activity dependent on the level of pain. This then comes back to the importance of pacing.

### Static Quadriceps contraction:



- Lie down with your legs extended
- Tighten the muscle on the front of thigh by pushing the knee downwards.
- Make sure not to squeeze down too hard whereby your heel lifts off.
- Hold for 5 seconds and relax. Repeat 5-10 times 2-3 x a day.