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**PREVALENCE OF KNEE JOINT PAIN
AMONG OUTDOOR PATIENTS**

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ABSTRACT:

Knee pain is pain in or around the knee. The knee joint consists of an articulation between four bones: the femur, tibia, fibula and patella. There are four compartments to the knee. This cross-sectional study was conducted among outdoor patients presenting in different hospitals. Name, age, gender, presence or absence of knee joint pain, treatment modalities were noted on a predefined proforma. All the data was entered and analyzed with SPSS Ver. 23.0. There were 100 patients included in this study i.e. 40 males (40%) and 60 females (60%). The mean age of the patients was 34.23 ± 5.45 years. Out of 100 patients, seventeen had history of occasional and frequent knee joint pain and they were taking medication for this condition.

KEYWORDS: KNEE JOINT PAIN



INTRODUCTION:

Knee pain is pain in or around the knee. The knee joint consists of an articulation between four bones: the femur, tibia, fibula and patella. There are four compartments to the knee. These are the medial and lateral tibiofemoral compartments, the patellofemoral compartment and the superior tibiofibular joint. The components of each of these compartments can suffer from repetitive strain, injury or disease. Running long distance can cause pain to the knee joint, as it is high-impact exercise. Knee pain is more common among people working in the cold than in those in normal temperature. Cold-induced knee pain may also be due to tenosynovitis of the tendons around the knee, in which cold exposure has a specific role, either as a causative or a contributing factor. Frank arthritis has been reported in children due to frostbite from extreme cold causing direct chondrocyte injury. There is also a hereditary disease, familial cold autoinflammatory syndrome (FCAS), which often features knee

pain, in addition to hives, fever and pain in other joints, following general exposure to cold.

A lower level of physical activity and a work environment where one is required to sit in a chair during the work day is one reason for developing knee joint pain, as the lower degree of physical movement tends to weaken the knee muscles. Blood vessels also can be affected, leading to development of painful conditions. As age progresses the movement of the knee joint involves higher friction with adjacent tissue and cartilages. Referred pain is that pain perceived at a site different from its point of origin but innervated by the same spinal segment. Sometimes knee pain may be related to another area from body. For example, knee pain can come from ankle, foot, hip joints or lumbar spine. Knee MRIs should be avoided for knee pain without symptoms or effusion, unless there are non-successful results from a functional rehabilitation program. In some diagnosis, such as in knee osteoarthritis, magnetic resonance imaging does not prove to be clear



for its determination (1-3). The objective of this study was to see the prevalence of knee joint pain.

MATERIAL AND METHODS:

This cross-sectional study was conducted among outdoor patients presenting in different hospitals. Name, age, gender, presence or absence of knee joint pain, treatment modalities were noted on a predefined proforma. All the data was entered and analyzed with SPSS Ver. 23.0. The quantitative variables were presented as mean and standard deviation. The qualitative variables were presented as frequency and percentages.

RESULTS:

There were 100 patients included in this study i.e. 40 males (40%) and 60 females (60%). The mean age of the patients was 34.23 ± 5.45 years. Out of 100 patients, seventeen had history of occasional and frequent knee joint pain and they were taking medication for this condition.

DISCUSSION:

Acupuncture has also been found to be a potential treatment for those with knee pain. There is evidence that acupuncture can be useful in reducing acute pain after a total knee arthroplasty, reducing the need for certain prescription drugs such as opioids. For those suffering from chronic knee pain, defined as pain lasting more than 3 months, acupuncture was found to be effective in reducing pain up to 12 weeks after acupuncture treatment. Overall, a combination of interventions seems to be the best choice when treating knee pain. Interventions such as exercises that target both the knee and the hip, foot bracing, and patellar taping are all recommended for use with patients suffering from knee pain. Current evidence suggests that psychological factors are elevated in individuals with patellofemoral pain. Non-physical factors such as anxiety, depression, fear of movement, and catastrophizing are thought to have a linear correlation with increased pain experience and decreased physical function.



Catastrophizing is defined as imagining the worst possible outcome of an action or event. Furthermore, psychosocial factors may have either a positive or negative impact on adherence to rehabilitation programs for managing knee pain (4-6).

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