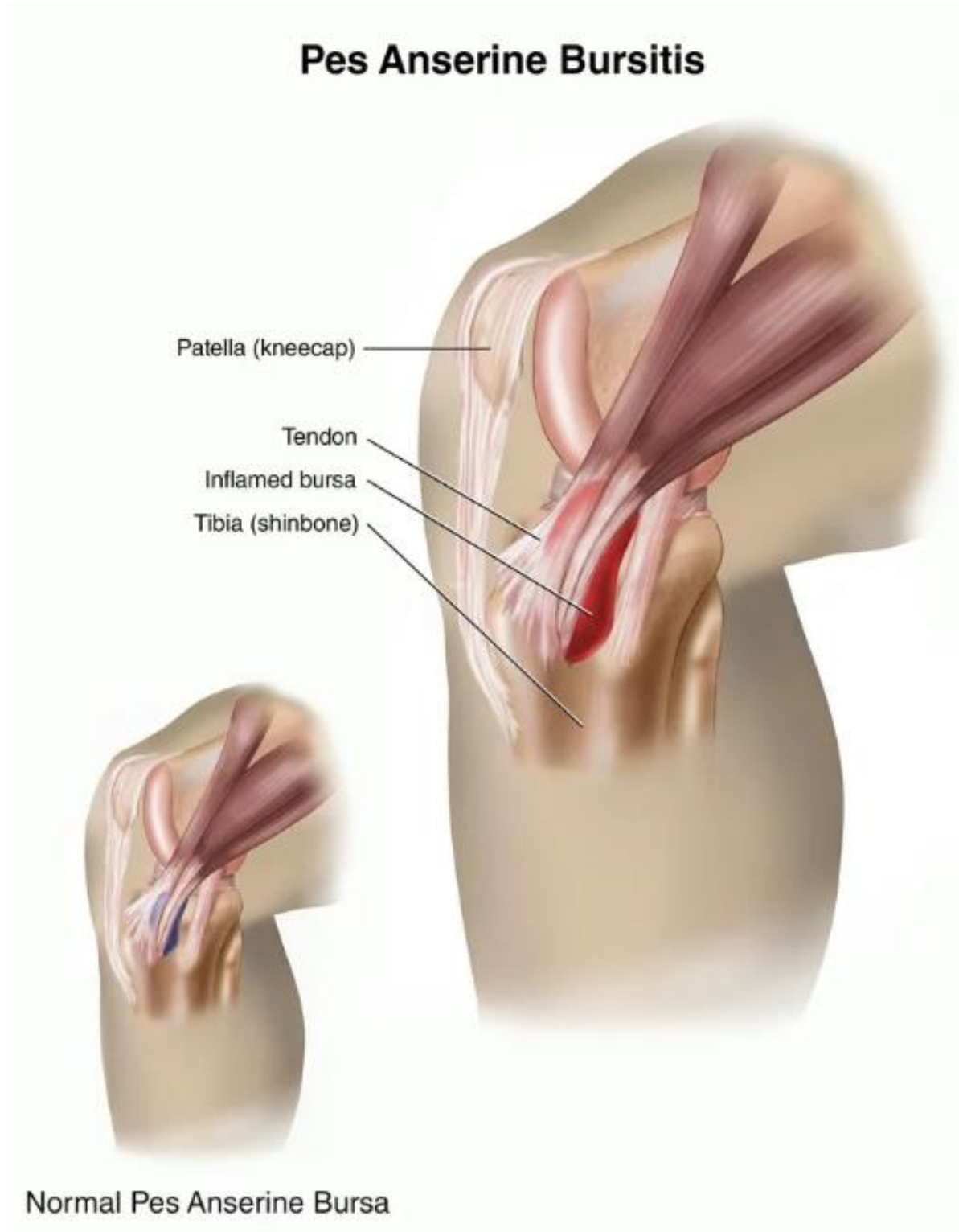


Pes Anserine Bursitis



Dr. Ho



*If you have any problems or questions,
please call your doctor's office (8am-5pm).*

Answering service for after hours.

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What is knee bursitis?

Bursitis is an irritation or inflammation of a bursa in your knee. A bursa is a fluid-filled sac that acts as a cushion between tendons, bones, and skin. This condition is also called pes anserine bursitis.

The pes anserine bursa is located on the inner side of the knee just below the knee joint. Tendons of three muscles attach to the shin bone (tibia) over this bursa. These muscles act to bend the knee, bring the knees together, and cross the legs.

Knee bursitis is common in swimmers who do the breaststroke and is sometimes called breaststroker's knee.

What is the cause?

Knee bursitis can result from:

- Overuse, as in breaststroke kicking or kicking a ball repeatedly
- Repeated pivoting from a deep knee bend
- A direct blow to the area

What are the symptoms?

Knee bursitis causes pain on the inner side of the knee, just below the joint. You may have pain when you bend or straighten your leg.

How is it diagnosed?

Your healthcare provider examines your knee for tenderness over the pes anserine bursa.

How is it treated?

To treat this condition:

- Put an ice pack, gel pack, or package of frozen vegetables wrapped in a cloth on your knee every 3 to 4 hours for up to 20 minutes at a time until the pain goes away.
- Raise your knee on a pillow when you sit or lie down.
- Wrap an elastic bandage around your knee to reduce any swelling or to prevent swelling from occurring.
- Take an anti-inflammatory medicine, such as ibuprofen, as directed by your provider. Nonsteroidal anti-inflammatory medicines (NSAIDs) may cause stomach bleeding and other problems. These risks increase with age. Read the label and take as directed. Unless recommended by your healthcare provider, do not take for more than 10 days.
- Your provider may give you a shot of a steroid medicine in the bursa.
- Follow your provider's instructions for doing exercises to help you recover.

Ask your provider:

- How long it will take to recover
- What activities you should avoid and when you can return to your normal activities
- How to take care of yourself at home
- What symptoms or problems you should watch for and what to do if you have them

Make sure you know when you should come back for a checkup.

How long will the effects last?

Pain from knee bursitis usually goes away within a few weeks. You need to stop doing the activities that cause pain until your knee has healed. If you continue doing activities that cause pain, your symptoms will return and it will take longer to recover.

How can I help prevent knee bursitis?

Knee bursitis is best prevented by a proper warm-up that includes stretching of the hamstring muscles, the inner thigh muscles, and the top thigh muscles. Gradually increasing your activity level, rather than doing everything at once, will also help prevent its development.

Rehabilitation Exercises

Pes Anserine (Knee) Bursitis Rehabilitation Exercises



Hamstring stretch on wall



Standing calf stretch



Quadriceps stretch



Hip adductor stretch



Quad sets



Heel slide



Side-lying leg lift



Straight leg raise

You can stretch your leg right away by doing the first 3 exercises. You may start doing the other exercises when your leg is less painful.

- **Hamstring stretch on wall:** Lie on your back with your buttocks close to a doorway. Stretch your uninjured leg straight out in front of you on the floor through the doorway. Raise your injured leg and rest it against the wall next to the door frame. Keep your leg as straight as possible. You should feel a stretch in the back of your thigh. Hold this position for 15 to 30 seconds. Repeat 3 times.
- **Standing calf stretch:** Stand facing a wall with your hands on the wall at about eye level. Keep your injured leg back with your heel on the floor. Keep the other leg forward with the knee bent. Turn your back foot slightly inward (as if you were pigeon-toed). Slowly lean into the wall until you feel a stretch in the back of your calf. Hold the stretch for 15 to 30 seconds. Return to the starting position. Repeat 3 times. Do this exercise several times each day.
- **Quadriceps stretch:** Stand at an arm's length away from the wall with your injured side farthest from the wall. Facing straight ahead, brace yourself by keeping one hand against the wall. With your other hand, grasp

the ankle on your injured side and pull your heel toward your buttocks. Don't arch or twist your back. Keep your knees together. Hold this stretch for 15 to 30 seconds.

- **Hip adductor stretch:** Lie on your back. Bend your knees and put your feet flat on the floor. Gently spread your knees apart, stretching the muscles on the inside of your thighs. Hold the stretch for 15 to 30 seconds. Repeat 3 times.
- **Quad sets:** Sit on the floor with your injured leg straight and your other leg bent. Press the back of the knee of your injured leg against the floor by tightening the muscles on the top of your thigh. Hold this position 10 seconds. Relax. Do 2 sets of 15.
- **Heel slide:** Sit on a firm surface with your legs straight in front of you. Slowly slide the heel of the foot on your injured side toward your buttock by pulling your knee toward your chest as you slide the heel. Return to the starting position. Do 2 sets of 15.
- **Side-lying leg lift:** Lie on your uninjured side. Tighten the front thigh muscles on your injured leg and lift that leg 8 to 10 inches (20 to 25 centimeters) away from the other leg. Keep the leg straight and lower it slowly. Do 2 sets of 15.
- **Straight leg raise:** Lie on your back with your legs straight out in front of you. Bend the knee on your uninjured side and place the foot flat on the floor. Tighten the thigh muscle on your injured side and lift your leg about 8 inches off the floor. Keep your leg straight and your thigh muscle tight. Slowly lower your leg back down to the floor. Do 2 sets of 15.

References

Alvarez-Nemegyei, J. "Risk factors for pes anserinus tendinitis/bursitis syndrome: a case control study." *JCR: Journal of Clinical Rheumatology* 2007; 13(2):63-65.

DeLee, Jesse C., David Drez, and Mark D. Miller, *Orthopaedic Sports Medicine: Principles and Practice*, Saunders; 3rd ed. 2009.

Glencross, P Mark. *Pes Anserine Bursitis*. Medscape Reference. Updated Nov 21, 2012. Web.

<http://emedicine.medscape.com/article/308694-overview>.

Greene, Walter B., M.D., Griffin, Letha Y. (Ed), *Essentials of Musculoskeletal Care*, 4th ed. Amer Academy of Orthopaedic. 2010.

Kisner, Carol, and Lynn Colby, *Therapeutic Exercise: Foundations and Techniques*, F. A. Davis Company; 6th ed, 2012.

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