You might think that if you have pain in the knee area, that it must be coming from inside the knee. However, “knee pain” can come from many different areas including the spine, muscles, tendons, or nerves. Too often we see patients get knee surgeries when their pain is really coming from somewhere else.

The spine and nerves are infamous for referring pain elsewhere. This means that if a portion of your low back (like a spinal nerve) is irritated, you may or may not feel it in your back, but you may feel it in your thigh or knee.

The saphenous nerve exits through the adductor muscle and under the sartorius muscle and can get entrapped there. This can cause inside knee pain that can travel down the inside of the leg to the ankle.

The low back muscles can develop trigger points that refer pain to the knee. These are often found in the muscles of the upper part of the lower back (L1-L4).

The patellar tendon is the end of the quadriceps muscle which contains the knee cap. When the quadriceps gets overloaded through trigger points, muscular weakness, or excessive trauma, the tendon can become chronically swollen and sore.

Trigger points in the quadriceps muscle can refer pain to the knee. In addition, these tight and weak areas can cause the knee cap to get overloaded leading to patellofemoral syndrome.

The knee meniscus is a spacer which acts as the shock absorber of the knee. It can be torn, which can cause pain, swelling, or locking. However, recent research has shown that patients without pain have meniscus tears on MRI. Boasting pain on imaging doesn’t mean that it’s causing knee pain.

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The knee joint cartilage can be worn away or torn through trauma leading to arthritis. Less cartilage means pain and swelling, which usually causes low to mid level aching and stiffness.

The knee ACL is a major stabilizer of front-back motion of the two knee bones. It can become stretched without being fully torn, leading to a chronically unstable knee. This extra motion can lead to swelling, meniscal damage, or arthritis.

The collateral ligaments are the “duct tape” that hold the sides of the knee joint together. The MCL or LCL can be stretched without being fully torn or broken which can lead to instability in the knee. This extra movement can cause damage to the structures inside the knee.