

## Knee Soft Tissue Injury (non-follow up)

### Information for Patients

You have sustained an injury to the soft tissues surrounding your knee. The soft tissues can include ligaments, tendons, cartilage and any other non-bony structures around the knee.

#### Healing:

Soft tissue injuries take 6-12 weeks to heal, most of which will heal without requiring further intervention. If provided, start weaning out of the cricket pad splint as soon as possible and begin resuming normal activities in a graded manner as symptoms allow. It will take time for your previous level of exercise tolerance and confidence to return.



#### Pain, stiffness and swelling:

Your knee may feel stiff for a period of time due to the injury and relative immobility if treated in a splint or brace. Pain, swelling and bruising are very common and is part of your body's normal healing process. These symptoms tend to settle down gradually as the weeks progress. However, as you regain your normal levels of activity you may experience any of these symptoms for up to 12 months. Swelling is often worse at the end of the day. Elevating your leg will help together with cold packs and regular pain medication. See [Initial Injury Advice](#).

#### Walking and using a Cricket Pad splint (CPS):

It is important that you put as much weight through your leg as you can tolerate when walking. Weight bearing reduces the risk of developing a deep vein thrombosis (DVT) and promotes healing. You may have been provided with a CPS and elbow crutches to assist you with this. The CPS is for comfort only and not required to aid healing. It should be removed regularly in order for you to bend and straighten your knee to promote restoration of normal movement. The CPS can be worn either under or over your clothes, depending on what you find most comfortable.

Wearing the CPS can cause your knee to stiffen and exacerbate your symptoms, therefore, please wean from the CPS as soon as you are able. Remove the CPS at night time and when resting. It is important to start exercises as soon as possible, please see the [Rehabilitation Plan](#) below.

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It takes time to resume a normal walking pattern with a reciprocal gait. Use the elbow crutches to help you.

## Deep Vein Thrombosis (DVT)

When you have been injured or are unable to place weight through your injured leg, you have an increased risk of a DVT. This can be a life-threatening development. The risk of developing blood clots can persist for some weeks after injury.

To reduce the risk, it is important that you:

- Place weight through your leg as directed
- Keep well hydrated
- Move your leg as per your [Rehabilitation Plan](#) below

There are certain signs to look out for which could mean you have a blood clot:

- Leg pain/swelling/redness, the calf is most commonly affected
- New onset shortness of breath/chest pain/coughing up blood

You should seek urgent medical attention at your local hospital if you develop any of these symptoms.

## Follow up:

We do not routinely follow up patients with this type of injury, it will heal naturally with time and appropriate self-management. Please seek further medical advice if you are:

- Still experiencing significant pain and swelling after 6 weeks
- Struggling to wean off the crutches or out of the splint after 2 weeks
- **Or**, you are experiencing pain or symptoms, other than at the site of the original injury

## Initial Injury Advice:

### Cold packs

A cold pack (ice or frozen peas wrapped in a damp towel) can provide short-term pain relief. Apply this to the sore area for up to 15 minutes, every few hours ensuring the ice is never in direct contact with the skin. Ice placed directly on the skin can cause skin damage/ice burns. If you have reduced sensation in your lower limbs or an open wound please do not use ice treatment.

Stop applying ice if you experience any negative effects such as:

- An increase in pain
- Increased swelling
- Increased skin soreness

### Rest and elevation

Try to rest the leg for the first 24-72 hours to allow the early stages of healing to begin. Raise your ankle above the level of your hips to reduce swelling. You can use pillows or a stool to keep your leg up.

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## Pacing

Rest is as important to recovery as exercise. Pace yourself by slowly increasing the time on your feet. Start the exercises as indicated and build up to do a bit more each day as your symptoms allow. If you do not grade your return to your previous levels of activity you may aggravate your injury and prolong the rehabilitation period. Therefore, minimise aggravating factors and adapt activities to fit in with your symptoms. Do not force through pain. Please see our leaflet on [Pacing](#) for further information.

The numerical pain rating scale below may help guide your return to activities or progression of exercises.



If your pain is mild to moderate when doing the activity, after the activity and the next day then you can continue to progress. If severe to worst after the activity and/or the next day you may want to consider slightly reducing how much you are doing.

## Pain Management

It is important during your recovery that you take regular pain relief to promote restoration of normal movement and sleep. If you need further advice please speak to your GP or pharmacist.

## Smoking

Smoking will slow down your healing. It is important that you consider this information with relation to your recent injury.

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Please follow the Rehabilitation Plan shown below:

## 0-2 weeks

- If provided, wean out of the splint, starting within your home environment first
- Use the crutches if supplied to aid a normal walking pattern
- Follow the **'Initial Injury Advice'** above
- Begin **'Stage 1'** exercises

## 2-6 weeks

- Stop using the CPS if not already done so
- Wean from crutches if not already done so
- Progress to **'Stage 2'** exercises

## 6-12 weeks

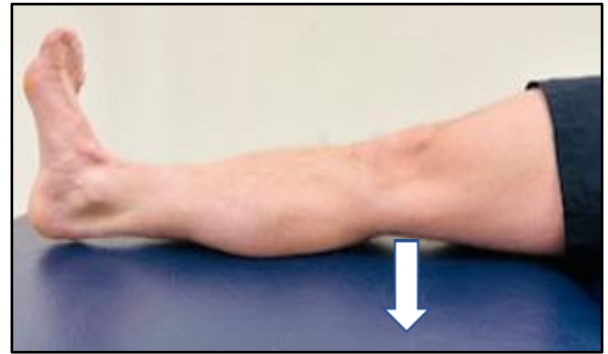
- Begin a graded return to normal activity as your symptoms allow
- Do not return to sports if you are still experiencing pain and swelling
- Progress to **'Stage 3'** exercises
- It is normal to still have some discomfort and swelling at this stage

## Stage 1 (0-2 weeks)

Follow the below exercises below 2-3 times daily. When exercising it is normal to feel a degree of discomfort therefore, it is important you do not over exercise and aggravate your symptoms. Please refer to numerical pain score above for guidance, you should be aiming to be within the 'moderate' category.

### Static quadriceps contractions:

With your leg straight and supported, gently push your knee downwards to straighten your leg by tensing your thigh muscle. Hold for 5 seconds and repeat 8-12 times.



### Inner range quadriceps:

Place a rolled-up towel underneath your knee. Gently push your knee downwards into the towel to tense your thigh muscle and lift your foot upwards. Hold for 5 seconds and repeat 8-12 times.

### Straight leg raise:

With your leg straight and supported, gently push your knee downwards to tense your thigh muscle and lift your leg upwards. Hold for 2-3 seconds and repeat 8-12 times.





### Knee Range of Movement:

Sitting with legs straight out in front of you. Gently bend and straighten your knee as symptoms allow. You can place a folded towel or plastic bag under your heel to make this easier if required. Repeat 8-12 times.

### Hip abduction:

Lay on your unaffected side. Depending on your comfort you can either have the bottom leg bent or straight. Keeping the top leg straight and in line with your body, lift it upwards just above hip level. Hold 2-3 seconds. Repeat 8-12 times.



### Knee Range of Movement:

Sitting in a chair, bend and straighten your knee as symptoms allow. Repeat 8-12 times.

## Stage 2 (2-6 weeks)

Progress through the following exercises, working towards the suggested sets and repetitions. You can space these exercises out throughout the day. You can also continue with the [Stage 1](#) exercises if required.



### Sit to Stand:

Sitting in a chair with your arms crossed. Lean upper body forwards and push through your legs to stand. Ensure even weight is going through both of your legs. Slowly sit back down. Repeat 8-12 times, 2-3 sets. If this is too difficult, you can start by doing this on a higher surface then gradually lowering the height. Once this becomes easy, you can progress to squats (please see [Stage 3](#))

### Bridging:

Laying on your back with knees bent and a pillow to support your head. Squeeze your buttock muscles and slowly push through your feet to lift your hips upwards. Be careful not to 'arch' your back. Hold 2-3 seconds. Repeat 8-12 times, 2-3 sets.



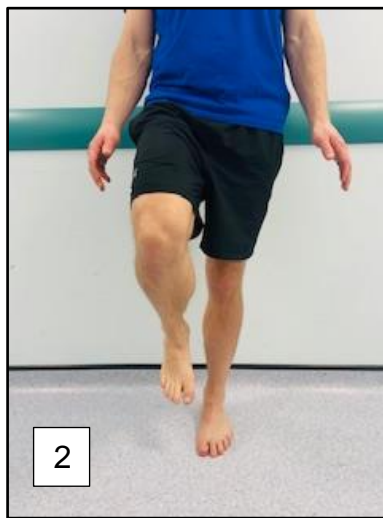
### Step ups:

Using your bottom step, place your injured leg onto the step. Take support from a handrail or wall if required. Push up through your injured leg to bring the other foot up onto the step. Step back with your uninjured side from the step and slowly lower yourself back to the floor. Repeat 8-12 times. Once you are able to complete 3 sets of 12 repetitions, you can progress by adding a weight such as a dumbbell in the opposite hand or a bag with small weight inside.

## Balance:

These are to be performed in a safe environment where there is a stable support available if needed. Please note, if you could not stand on one leg prior to your injury, you should only perform the exercise number one below.

1. Stand heel to toe or as close as able. Maintain this position for up to 30 seconds. Then swap feet so your other foot is now in front and repeat. As you improve, bring your feet closer together until you can stand in the position below.
2. Stand on injured leg. Start by holding onto a stable surface, progressing to hands free when able. Maintain this position for up to 30 seconds. Repeat 3-5 times.
3. Stand on injured leg on cushion. Start by holding onto a stable surface, progressing to hands free when able. Maintain this position for up to 30 seconds. Repeat 3-5 times.





## Stage 3 (6-12 weeks)

Progress through the following exercises, working towards the suggested sets and repetitions. You can space these exercises out throughout the day. You can also continue with [Stage 1/2](#) exercises as required.



### Squats:

Stand with your feet hip width apart.

Sit back, keeping back straight as far as you are able and return to standing. Repeat 8-12 times, 2-3 sets. When this becomes relatively easy you can progress by holding a small weight and move on to [Split squats](#) depending on your rehabilitation goals.

### Hamstring bridge:

Laying on your back with your feet on a step and pillow under your head for support. Squeeze your buttock muscles and push through your heels to lift your hips upwards. You should feel this exercise working your hamstring muscles at the back of your thighs. Hold 2-3 seconds. Repeat 8-12 times, 2-3 sets.



## Split squats:



Stand with one foot in front of the other in a wide step stance as shown. Lower back knee to floor or as low as able, you may need to hold onto a stable surface to help maintain your balance. Repeat 8-12 times, 2-3 sets.

## Returning to Walking/Running:

Walking is an important part of your rehabilitation and can be completed alongside the exercise plan above as your symptoms allow 2-3 times a week. Start gradually with short walks (5-10 minutes) then progressively build up the time, speed and surface types that you walk on i.e flat then uneven. Make sure to include short rest periods if required. Please refer to our [Pacing](#) advice for further information on progressing activity and managing flare ups.

If you plan to return to running, ensure you can comfortably walk 5km without aggravating your symptoms. We would advise you start with a walk/jog programme. Apps, such as Couch to 5k are useful for guidance.

## Returning to Sport:

You should not return to Sport until you have full range of movement and your symptoms are not aggravated with normal day to day activities. This can take up to 12 weeks. A graded return is advised with monitoring of your symptoms during and after activity. If you are struggling to return to Sport and require further advice please liaise with your GP for further assessment or a possible referral to Physiotherapy.

Further information and advice can be obtained from:

NHS 111  
NHS Choices online

☎ 111  
[www.nhs.uk](http://www.nhs.uk)

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☎ 0300 123 1220

[www.oneyoukent.org.uk](http://www.oneyoukent.org.uk)

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**Telephone:** ☎ 01622 224960 or ☎ 01892 632953

**Email:** [mtw-tr.palsoffice@nhs.net](mailto:mtw-tr.palsoffice@nhs.net)

**or visit their office** at either Maidstone or Tunbridge Wells Hospital between 9.00am and 5.00pm, Monday to Friday.

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