KNEE DISORDERS

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LOCAL ANESTHETIC INJECTIONS AND EPIDURALS

Local anesthetic injections are sometimes used for diagnostic confirmation of knee conditions (see Injections). These injections are also sometimes used to differentiate pain from a distant site, such as the hip or spine. Diagnostic injections include intraarticular injections (knee, hip, or sacroiliac), ilioinguinal, genitofemoral, and saphenous nerve blocks, and lumbar epidurals.(401-404)

Recommendation: Local Anesthetic Injections to Diagnose Subacute or Chronic Knee Pain
Local anesthetic injections are recommended to assist in the diagnosis of subacute or chronic knee pain.

Indications – Subacute or chronic knee pain from an unclear source; immediate and delayed results of injection(s) should be recorded.

Strength of Evidence – **Recommended, Insufficient Evidence (I)**

Rationale for Recommendation
Local anesthetic injections may be helpful for confirming diagnostic impressions, although there are no quality studies evaluating the use of injections for these purposes. Intraarticular knee injections are often performed with anesthetic agents and glucocorticosteroids, as this generally accomplishes both diagnostic and therapeutic purposes simultaneously. These injections are minimally invasive, have minimal potential for adverse effects, and are moderately costly.

Evidence for the Use of Local Anesthetic Diagnostic Injections
There are no quality studies evaluating the use of local anesthetic diagnostic injections for knee pain.

ELECTROMYOGRAPHY (including Nerve Conduction Studies)

See the Low Back Disorders guideline for discussion regarding the use of electrodiagnostic studies for evaluation of back-related disorders that may present as knee pain. Electrodiagnostic studies have also been used to confirm diagnostic impressions of other peripheral nerve entrapments, including of the lateral cutaneous nerve of the thigh (meralgia paresthetica).(405-417)

Recommendation: Electromyography for Diagnosing Subacute or Chronic Peripheral Nerve Entrapments
Electrodiagnostic studies are recommended to assist in the diagnosis of subacute or chronic peripheral nerve entrapments.

Indications – Subacute or chronic paresthesias with or without pain, particularly with an unclear diagnosis.

Strength of Evidence – **Recommended, Insufficient Evidence (I)**

Rationale for Recommendation
Electrodiagnostic studies may assist in confirming peripheral nerve entrapments. These studies are minimally invasive, have minimal potential for adverse effects (essentially equivalent to a blood test), and are moderately costly.

Evidence for the Use of Electromyography
There are no quality studies evaluating the use of electrodiagnostic studies for diagnosing peripheral nerve entrapments relevant to the knee.

FUNCTIONAL CAPACITY EVALUATIONS

See Chronic Pain guideline.