

Advertising Feature

BAKER'S CYST

A BAKER'S Cyst is not what happens to a baker but is a condition first described by UK surgeon William Marrant Baker (1839 - 1896).

In essence, a Baker's Cyst is a distress signal from the knee and often occurs under stressful conditions such as an injury or arthritis.

About one half of Baker's Cysts are found in children and are usually painless except for a slight discomfort and stiffness. The most common age range of the remainder being in adults between 50 and 60 years of age.

Estelle Mitchell, Chartered Physiotherapist, says: "Most of the joints in the body (the knee included) owe much of their freedom of movement to synovial fluid.

"This is produced by the tissue that lines the inside of the joint and, in the case of the knee, it lubricates the cartilage and tendons and reduces friction between the moving parts.

"At the back of the knee, there is a soft area in which swelling collects, basically because the knee cap acts like a lid.

"In this soft area there is a release valve and, when the pressure builds, this blows up and becomes inflamed.

"The trouble is, this is a one-way valve only.

"Once this has become inflamed, it can be painful, feels like an egg or a jelly-filled balloon and makes bending the

knee uncomfortable. It does go down slowly but this can depend on how often it has happened and how inflamed the knee gets."

While they used to operate in the past and now except in extreme cases, surgery for a Baker's Cyst is not recommended because it usually just returns. Estelle advises: "Anti-inflammatories help and very important is ice.

"When applying ice, a gel pack is perfect but if you don't have one then a bag of frozen peas is an ideal substitute (just don't eat them if they are being used constantly).

"Wrap whatever you are using in a damp tea towel and apply to the back of the knee for a maximum of 10 minutes at a time - this can be repeated half hourly or hourly.

"This improves circulation and helps re-absorption of cyst material.

"A neoprene supports also helps reduce the swelling and makes the knee more comfortable. However, this is not a long-term solution and it is imperative that you get the thigh muscles working to keep the knee stable.

"To do this, sit with your leg over a towel, turn the leg out slightly and squeeze the thigh muscle to straighten the knee.

"You should feel it over the part of the muscle that acts the inner upper part of your knee.

"Repeat this slowly holding the contraction for five sec-

onds, building this up to 10 good contractions."

Estelle concludes: "Like all soft tissue problems, a Baker's Cyst responds well to physiotherapy and ultrasound which both reduces pain and swelling.

"Obviously, a clear assessment of why the knee is in so much distress is an important precursor and in this regard, an X-ray will give you an idea about how 'tatty' the knee might be.

"The other vital element of the knee function, which is often overlooked, is how the foot itself behaves.

"If the foot over-pronates, this causes counter rotational pressure in the knee which then becomes inflamed.

"This then leads to pain and even damage to the cartilage. In this latter case and, if the problem is caused by over-pronation, the patient should be fitted with prescriptive orthotics and will likely experience pain relief within a few weeks.

"As in all cases, pain is not a necessity but if you are at all worried, see your health professional for the peace of mind that this brings."

For an appointment with Estelle Mitchell, your English Chartered Physiotherapist, call 952 883 151 or visit her websites at:

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www.marbellaphysio.com or
www.physiofoot.com*