

Knee Dard Ko Kab Na Taalein

6 signs jo bataate hain ki ab sirf rest nahi, assessment chahiye

Namaste, main Dr Aman Khanna, orthopaedic surgeon, Surat se. Yeh guide un logon ke liye hai jinhe knee mein dard hai aur confusion hai – "ignore karein ya dikhayein". Neeche diye gaye signs se aapko clarity milegi ki kab wait karna theek hai aur kab assessment zaroori hai.

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■ Yeh Guide Kis Liye Hai

Knee mein halka dard hona kaafi common baat hai – kabhi zyada chalne se, kabhi galat posture se, kabhi umar ke saath naturally aata hai. Zyadatar cases mein rest, ice aur activity thoda modify karne se dard apne aap kam ho jaata hai. Lekin kuch signs aise hote hain jo bataate hain ki knee ko sirf rest nahi, balki ek proper assessment chahiye. Is guide mein aap woh main signs samjhenge, assessment mein kya hota hai, aur jaldi dikhane se options kyun zyada rehte hain. Maqsad yeh hai ki aap apne symptoms ko sahi tarah pehchaan sakein aur time par sahi decision le sakein – na ki khud diagnose karein.

■ Yeh Signs Ignore Mat Kijiye

Agar knee dard ke saath yeh signs bhi hain, toh sirf rest par depend karna kaafi nahi hoga. In mein se ek bhi sign ka matlab yeh nahi ki kuch gambhir hi hai – lekin iska matlab zaroor hai ki agla step 'aur rest karo' nahi, 'assessment karwao' hona chahiye.

- Dard kai hafton tak chalta rahe, rest ke baad bhi kam na ho raha ho – yeh batata hai ki joint apne aap heal nahi kar pa raha
- Swelling ya warmth mehsoos ho – knee phoola hua ya chhoone par garam lage, yeh joint ke andar kisi active process ka sign ho sakta hai
- Knee achanak lock ho jaaye – jaise ek position mein phans jaaye aur seedha na ho paaye, yeh ek alag tarah ka mechanical sign hai jo assessment maangta hai
- Knee baar-baar achanak give way kare – yani chalte waqt support achanak chala jaaye, yeh bhi alag se note karne wali cheez hai, na ki lock hone jaisa hi sign
- Raat mein dard ho jo neend todta ho – activity na hone ke bawajood dard rehna alag tarah ka signal hota hai
- Seedhiyan chadhna-utarna dard ko clearly badha de – yeh joint par load ke saath dard ke connection ko dikhata hai

■ Assessment Mein Kya Hota Hai

Orthopaedic assessment structured hota hai. Pehle surgeon aapki poori history sunte hain – dard kab shuru hua, kis activity mein badhta hai, pehle kabhi injury hui thi ya nahi, aur daily routine kaise affect ho raha hai. Uske baad physical examination hota hai, jisme knee ki movement (range of motion), stability, aur swelling ya tenderness check ki jaati hai – yeh sab hands-on examination se hi sahi tarah pata chalta hai. Zaroorat padne par X-ray ya MRI jaisi imaging bhi advise ki ja sakti hai, taaki joint ke andar ki structure ka clearer idea mile. Har patient ko same tests nahi milte – surgeon symptoms aur examination ke findings ke hisaab se decide karte hain ki kya zaroori hai. Is poore process ka maqsad hai ek clear tasveer banana, taaki aage ka plan sahi information par based ho, guesswork par nahi.

■ Jaldi Dikhane Se Options Zyada Khulte Hain

Knee joint mein wear-and-tear (cartilage ka ghisna) alag-alag stages mein hota hai. X-ray par is wear ko grade kiya jaata hai, jise Kellgren-Lawrence grading kehte hain – yeh sirf ek classification system hai jo doctors ko joint ki condition samajhne mein madad karta hai, yeh koi future prediction nahi deta. Broadly samjha jaaye toh jitni earlier stage par joint dekha jaata hai, utne zyada non-surgical options generally available hote hain – jaise physiotherapy, activity modification, weight management, ya medication-based management. Dekhne mein jitni der hoti hai, kuch options utne hi limited ho sakte hain, kyunki joint ki condition time ke saath change ho sakti hai. Yeh kisi bhi tarah ka guarantee nahi hai ki kis stage par kaunsa treatment kaam karega – woh sirf in-person assessment ke baad, aapke apne case ke hisaab se hi decide hota hai.

Kellgren-Lawrence grading sirf X-ray par joint ke wear ka classification hai – yeh kisi individual case ka outcome predict nahi karta.

■ Tab Tak Aap Kya Track Kar Sakte Hain

Assessment karwane tak, kuch cheezein note karna helpful hota hai – jaise dard kab zyada hota hai (raat mein, seedhiyan chadhte waqt, ya lambi walk ke baad), kya swelling aati-jaati rehti hai, aur kya knee kabhi lock ya give way karta hai. Yeh notes aapke surgeon ko assessment ke waqt bahut kaam aate hain. Is period mein high-impact activities (jaise running ya jumping) thoda kam karna aur knee par zyada load na dena reasonable hota hai. Lekin yeh self-treatment nahi hai – agar signs match kar rahe hain jo upar mention kiye gaye hain, toh yeh 'wait and monitor' karne ka time nahi, balki assessment book karne ka time hai.

■ Online Consultation Aur Emergency — Kab Kya Karein

Agar turant clinic aana possible nahi hai, toh online consultation se general guidance li ja sakti hai – jaise kaunsi examination chahiye hogi, kya reports leke aana hai, ya symptoms ke hisaab se next step kya ho. Lekin yeh clearly samajhna zaroori hai ki online consultation physical examination ka substitute nahi hai – knee ki movement, stability aur swelling jaisi cheezein directly haath se examine karne par hi sahi tarah judge ki ja sakti hain. Aur agar symptoms severe hain – jaise knee par weight bear hi na kar paana, achanak bahut zyada swelling, ya injury ke turant baad knee ka shape badal jaana – toh online consult ka wait bilkul mat kijiye.

Severe pain, achanak zyada swelling, ya weight bear na kar paana – in signs mein online consult ka wait na karein. Seedhe apne nearest hospital ke emergency mein jaayein.

■ Agla Step

Agar upar diye gaye signs mein se koi bhi aapke saath match karta hai, toh assessment karwana samajhdari bhara step hai – der na karein. Dr Aman Khanna, MS Orthopaedics, Sports Medicine mein fellowship-trained (Lyon, France aur Mumbai) aur Trauma mein fellowship-trained (Ganga Hospital, Coimbatore), Surat mein practice karte hain. Consultation Prish Hospital, Vesu mein subah 12 se 2 baje tak, aur Mahavir Hospital, Athwa Gate mein shaam 4 se 6 baje tak available hai. Appointment ke liye DM kijiye 89808 22922 par.

Turant doctor se milein agar —

- Dard kai hafton tak chalte rehna, rest karne ke baad bhi kam na hona
- Knee mein swelling ya warmth mehsoos hona
- Knee achanak lock ho jaana – jaise ek position mein phans jaana aur seedha na ho paana
- Knee ka baar-baar achanak give way karna (support chala jaana)
- Raat ka dard jo neend disturb kare
- Seedhiyan chadhte-utarte waqt dard clearly badh jaana

Apne surgeon se ye poochhein

1. Mera dard kis wajah se ho raha hai, aur kya isko sirf rest se manage kiya ja sakta hai?
2. Kya mujhe X-ray ya MRI jaisi imaging ki zaroorat hai?
3. Abhi mere liye kaunse non-surgical options available hain?
4. Mujhe apni daily activities – walking, exercise, seedhiyan – mein kya badlaav karna chahiye?
5. Follow-up kab aur kis basis par karna hoga?
6. Agar symptoms badh jaayein toh mujhe kya karna chahiye?

DM 89808 22922 — second opinion · appointment (clinic ya online)

Prish Hospital, Vesu – 12-2pm · Mahavir Hospital, Athwa Gate – 4-6pm

Yeh guide sirf general patient-education ke liye hai – yeh medical advice nahi hai aur kisi bhi tarah ka diagnosis ya treatment recommendation nahi deta. Har knee dard ka case alag hota hai; apni situation ke liye qualified orthopaedic surgeon se in-person consult zaroor karein. Online consultation general guidance ke liye hai, physical examination ka substitute nahi hai. Agar aapko severe pain, achanak swelling, ya weight bear na kar paana jaisa symptom hai, toh turant apne nearest hospital jaayein. Dr Aman Khanna, MS Orthopaedics – Gujarat Medical Council Reg. No. G-30260.

Online consultation sirf guidance ke liye hai aur physical examination ka poora substitute nahi hai – emergency ya severe symptoms mein turant nearest hospital jayein.

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Sources – Kellgren-Lawrence classification – a widely used radiographic grading system for knee osteoarthritis severity, referenced only descriptively above, without assigning any grade to an individual case. · NICE NG226, Osteoarthritis in over 16s: diagnosis and management (2022) – referenced descriptively to distinguish true mechanical knee locking from knee instability/giving-way as two separate assessment-worthy signs, rather than presenting them as one interchangeable finding.