Last month, we talked about the five most common running injuries - The Big Five. Achilles tendonitis was the big topic, and July's topic is Runner's knee. It is also referred to as patellofemoral pain syndrome and in some cases chondromalacia of the patella. It is the most common knee problem related to running. For many years, runner's knee was considered to be a direct result of chondromalacia of the patella, which is a condition that occurs with softening of the cartilage under the kneecap. There are also certain mechanical conditions that may predispose you to a kneecap that does not track smoothly over the knee. For instance, portions of the cartilage may be under too much or too little pressure during running, and the appropriate compression that is needed for waste removal and nutrient supply may not be present. This can result in cartilage deterioration, pain, and inflammation.

What does it feel like: Pain beneath or on the sides of the kneecap; usually felt after sitting for a long time with the knees bent, which is referred to as "movie theatre sign." Running downhill and sometimes even walking down stairs can be followed by pain. Other symptoms include swelling and crepitus, a grinding noise in the knee with movement.

What causes it: Some of the mechanical issues that cause this can be: Wide hips (female runners), knock knees, overpronation of feet which can cause the kneecap to twist, fatigued or weak quadriceps muscles which can prevent the kneecap from tracking smoothly. The muscle imbalance between weak quads and tight hamstring and iliotibial band can also be a factor.

<u>Self-Treatment</u>: One of the first treatments is rest or relative rest: run less. Try to avoid exercises or activities that require your knees to bend excessively, which increases the forces under the kneecap. Avoid walking or running downhill or downstairs. Apply ice to the painful area as needed and keep leg elevated when able. In addition, start to stretch the calf and hamstring muscles as well as the iliotibial band gently. Strengthening the quads is also important, and you can do that without weight bearing initially. Gradually work your way up to weight bearing activities and running again. Also, check out your feet and shoes. You may need to consider wearing shoes with better support or even having orthotics made for you.

Remember to consult a physician if the injury doesn't respond to the self-treatment. Physical therapy may be recommended and can be extremely helpful in guiding you to a complete recovery with a full bio-mechanical assessment to identify the true cause of the patellofemoral pain.

Stay tuned. There is more to come!!

www.time-to-run.com/injuries/thebig5/index.htm

www.drpribut.com/sports/spknees.html

The health information contained herein is provided for educational purposes only and is not intended to replace discussions with a healthcare provider. Decisions regarding patient care must be made with a healthcare provider, considering the unique characteristics of the patient.

Stone Oak Location 19260 Stone Oak Parkway, Suite 107, San Antonio, TX 78258 210.545.9355/fax 210.545.9369

Medical Center Location 5282 Medical Drive, Suite 550, San Antonio, TX 78229 210.593.0774/fax 210.593.0707

www.mypri.net