

If you have ever completed a training cycle, there is a good chance you felt your knees a few times during a run. It's very common in running and sometimes only occurs randomly and never consistently sticks around to affect your run. However, if it does linger, it can significantly derail your runs.

For the sake of this article, I will only focus on the soft tissue treatment for runner's knee. To thoroughly treat the knee, you need to include the foot/ankle, knee and pelvis and their relationship to each other. Stability exercises are a must when treating runner's knee. This article will only talk about how you can treat yourself from a soft tissue perspective.

There are many structures in the body that can create knee pain but regardless of those structures, we need to first determine if your knee pain is referral pain from the spine or pain from local tissues. I have a very simple way of determining this.

I started adding this to my assessment over the last year and I am surprised how many times general knee pain, even patellar tendinopathy, improves with these movements. It may be simple but they are very powerful movements.

The Diagnosis and Treatment:

Here is a simple process to figure this out. Before you do any testing or exercises, I want you to find a movement that is consistently painful. This can be just walking, squatting, lunges, or jumping. Make sure you know the exact reps or distance when pain your starts and rate your pain from a 1-10. Once you figure this out, you have established your baseline.

With the baseline established you are going to perform 2 simple exercises with your back. After each set of exercises, perform your baseline test again and see if anything changed (more reps or distance to feel pain and/or less intense pain).

Extension in Lying (Pressups)

This exercise may look familiar for you but it is a very powerful exercise. Perform 2 sets of 10. At the top of each rep, relax your back, glutes and legs and take breath out. Retest your baseline movement and see if anything changed.



Side Glides

You will perform this exercise only in one direction. If you have pain in your knee perform it with your left forearm against the wall. If it's your left knee, perform it with right forearm on the wall. Perform 2 sets of 10 and then retest your baseline movement.

R) Side Glide



L) Side Glide



If any of the above exercises helped reduce your pain then there is a good chance that part of your pain is spinal referred pain. Our spine influences our entire body and I am still shocked to this day how often pain completely unrelated to the spine is improved when performing repetitive spinal movement exercises. Whatever exercise improved your pain the most, you will perform that exercise 5-10 reps every 1-2 hours. I know it's a lot but dosage matters with pain and the more you perform the quicker your pain will get better.

But those exercises didn't help...

If the above exercises did not change your symptoms then there is a good chance your pain is not referral from the spine and is from local tissues. A good way to think about how the body work is to picture the body a system of levers and pulleys. The body is also a continuation of tissue from muscle to muscle. Many times we think that muscles stop and end at a certain location and there is space between these muscles. In reality, the body is interconnected by muscles and soft tissue. There is no space between groups of muscles. Muscles look like one piece of tissue rather than delineated.

Quad Muscles:

This is always my go to for patients with knee pain (call it patellar tendonopathy, joint pain, IT band syndrome, or runner's knee). The quadriceps group plays an important role on the mechanics of the knee. Your knee cap floats in space and is connected from the north by the quad muscles and the south by the patellar tendon. There is soft tissue that connects the quadriceps muscles over the top of the knee cap to the patellar tendon.

As your quadriceps muscle contracts, it compresses the knee cap down towards the knee joint. This is normal biomechanics of the knee. During the running motion, the quadriceps is constantly contracting and creating muscle force (upwards of 5x your bodyweight). This repetitive contraction over time increases the resting muscle tone of your quadriceps. This increased tension now increases the pressure on the knee cap and thus creates a mechanism for a painful knee.

Foam rolling your different quad muscles will help reduce muscle tension and can help loosen up your knee and reduce pain.



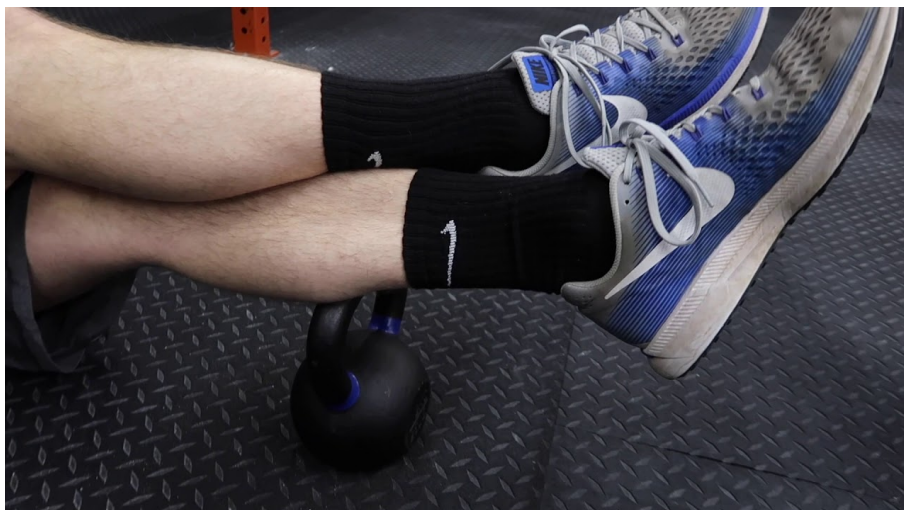
Adductor Foam Rolling:

This muscle is often forgotten when it comes to knee pain. It crosses over the inside portion of the joint and attaches just below the knee. There is also a branch of nerves that travels through this muscle and provides sensory information from the knee to the brain. Performing soft tissue work and cupping over the lower portion of this muscle can be a game changer for knee pain. It is also very painful at times so light pressure is recommended.



Upper Calf Work:

The last muscle to work on is the upper portion of your calf complex. This is especially important if you have pain with deep knee flexion or pain on the side or backside of the knee. Using a massage ball or the handle of the kettlebell is preferred since it pinpoints the tissue easier



If you are experiencing knee pain when training, running, or even just living your life. Perform a few of these exercises, including the spine ones from above (if they helped) a few times a day. If the spinal movements helped, perform those several times a day. Many times modifying your training will also help reduce tension for the time being while the exercises help mobilize your tissues. Shoes are also an issue that needs to be considered. Consider how many miles you have in shoes and if you've recently changed shoes prior to your pain.

Wahhhhh, nothing helps!!!

If nothing helps or only helps for a short period of time, I suggest you seek out a health professional that is experience treating runners. A good clinician will try to avoid shutting you down and will find modifications for your activity. A good clinician will always combine manual therapy work with exercises and rehab for your injury. Take care of your pain before it shuts you down and you have stop your training cycle.