

Patella Tendinosis/Tendinitis Treatment Sheet

Pathology: Also referred to as jumper's knee; pain at the top of the patella

History: The patellar tendon connects the kneecap to the shin bone and together with the quadriceps muscle and the quadriceps tendon, these structures allow your knee to straighten out, and provide strength for this motion. The patellar tendon, like other tendons, is made of tough string-like bands. These bands are surrounded by a vascular tissue lining that provides nutrition to the tendon. Patellar tendonitis is the condition that arises when the tendon and the tissues that surround it, become inflamed and irritated. Typically this is an overuse injury; patients are usually active participants of jumping-types of sports such as basketball or volleyball. Patellar tendonitis may also be seen with sports such as running and soccer. Also, some patients develop patellar tendonitis after sustaining an acute injury to the tendon, and not allowing adequate healing. This type of traumatic patellar tendonitis is much less common than overuse syndromes.

Assessment: This is a typical overuse injury:

- 1) pain at local point, knee
- 2) pain with resisted contraction – knee extensions
- 3) pain with passive stretching – knee flexion

Bolstering/Patient comfort: Ensure that all muscles are relaxed during treatment

Heat/Cold Therapy: Ice knee immediately after onset of pain (in acute state) to reduce inflammation in the early stages. Apply heat directly to patella to bring extra blood flow (circulation) to the region for more chronic conditions. Ultra sound is also very helpful.

General Massage: Massage all muscles above the knee; effleurage & petrissage

Specific Massage: start out with compression, thumb stripping, broadening, work on trigger pts, & active myofascia release works very well.

Evaluate / Treat TrPs: Eliminate trigger points in all upper leg compartments increasing ROM and mobility of the knee with less pain.

Patient Education: Rest! Avoiding painful activities that irritate the knee for several weeks, followed by a gradual return to activity is very important.

Stretching Exercises/ ROM: Stretch the quadriceps and hamstrings to relieve pressure off the knee.

Strengthening: emphasize strengthening the quadriceps and hamstring muscle groups to reduce stress on the knee.

Patient Education: Foam rollers are particularly effective to break up any trigger points along the quadriceps and hamstrings; self massage around the patella is also very helpful.

Ergonomic Factors: Educate patient about proper footwear and about avoiding overuse. Cho pat knee band /strap might also be helpful, particularly when in heavy training mode or at events.

Medical Referral: It is appropriate to co-treat the patient with another medical professional and or after receiving medical approval. Other more serious conditions may be overlooked.