

Kilcock Therapy **Patellar Tendinopathy (Jumpers Knee) and Osgood Schlatters**

087 2848409

What Is It?

Jumper's Knee is the common term for Patella Tendonitis. Typically knee pain comes on gradually if running, jumping and landing activities are practised too much, because the strain on the Patella Tendon becomes too great and microscopic damage develops in the tissue that makes up the tendon. It can lead to inflammation of the tibial tuberosity (the bump just below the knee) which is then termed Osgoods Schlatters

What are the Causes & Who does it Affect?

It can affect anybody but is common in athletes and Teens or preteens who are usually highly active in sports that involve a lot of running and jumping (basketball, volleyball, soccer, gymnastics, etc.).

When running and jumping the front thigh muscle pulls on the patellar tendon, which pulls on the tibial tuberosity. Repeated pulling on the tuberosity causes it to become irritated, causing pain and swelling.

There may also be inflammation of the patella tendon and surrounding soft tissue where it attaches to the tuberosity. As the injury heals, this swelling will go down. One or both knees can be affected. Often, only one knee is affected.

In growing teenagers the tibial tuberosity is on a growth plate near the upper end of the shinbone. Before skeletal maturity, the growth plates near the ends of the bones are made of cartilage, which is softer and more vulnerable to injury than bone. Growth plates are replaced by solid bone when growth is finished. *In children the patellar tendon is stronger than the tibial tuberosity. In adults, the tibial tuberosity has turned to bone and is stronger than the tendons.* It is believed that during growth spurts, the muscles and tendons may not always keep up with the growth of the long bones and become tight. Tight quadriceps (and to a lesser extent, tight hamstrings) causes extra tension on the patellar tendon where it attaches to the tibial tuberosity.

Other Causes:

- Overuse of the knee tendon.
- A sudden, unexpected injury like a fall.
- Running in the "shoulder" of the road.
- Frequent impact to the knee.
- Muscle weakness or imbalance.
- A sudden increase in the intensity of training.
- Lack of proper stretching.



What are the Signs & Symptoms?

- Patella Tendinopathy usually comes on gradually.
- There is pain in the tendon which is worsened by activity.
- The Tendon can feel tender to touch.
- Often the tendon feels very stiff first thing in the morning.
- The affected tendon may appear thickened in comparison to the unaffected side.

What can I do?

There are various treatment options available to you. It is more effective to form a treatment plan with your Doctor or Physical Therapist. This condition can take anything between 1 month and 6 months to completely heal.

Rest- to reduce the stress and inflammation by avoiding jumping and sprinting.

Ice - Apply ice to the sore area for 20 minutes, 3 or 4 times a day. Use a bag of frozen peas with a wet towel between the skin and peas. Never apply an ice pack directly on the skin. A tip - if you want to secure the ice pack – wrap cling film around several times to hold it in place.

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Stretch - Stretch Calf muscles, Hamstrings, Quads and gluteal (bottom) muscles. Hold each stretch 30 seconds and repeat 3 times a day. Contact me if you need to be taught the safe way to stretch these muscles

Strengthen – Squats - Do only if there is no pain during the exercise or in the 24 hours after. Do these initially on flat ground, then progress to doing on a slanted board (25° angle). Do double leg squats (as shown) for first few weeks and then progress to single leg squats.



and strengthening techniques will safely stress the tissues and rebalance surrounding muscles. Taping may be applied to the knee area and surrounding muscles to decrease stress and encourage normal length of muscles. A home care programme is agreed with you, which may include some of the Lower Body Stretch Programme.



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Day	Repetitions / no. Of squats	How Many times a day?
1	6 Squats	2
Day 2-3	Increase no. Of squats by 2 each day	
4	Rest	
5	8 Squats	3
6-8	10, Back to 8 on day 7 then 12 on day 8	3
9	Rest	
10	10	4
Increase by 2 squats each day, repeating 4 times a day until you can do 30. Rest every 5 th day		

Medical Intervention - This is agreed with your Doctor. Surgery is rarely required but there are less invasive options which may be recommended such as anti-inflammatories or steroidal injection.

Physical Therapy - Uses soft tissue and friction techniques to reduce adhesions and tightness in the tissues; Stretching