

Outer Knee Pain

David is a 42 year old runner that came to see me about pain he was feeling in the outer part of his right knee. He had run 11 marathons in the previous 2 years without any pain and then began to experience pain in his left knee. He cut back on his running for 2 months tried using a foam roller for his knee pain and then was able to get back into running. When he came to see me his left knee was fine but he could not run more than 3 miles before he experienced right outer knee / thigh pain. He had tried the foam roller and cutting back again on his running but nothing was working.

When I evaluate a runner I look at: the flexibility of 5 different muscle groups (calves, quads, hamstrings, gluteals and hip flexors); strength of the hip flexors, hip abductors, abdominals, hamstrings, lower back and gluteal muscles; balance; hopping ability: and running gait. David had the typical tight hamstrings and hip flexors but his gluteal muscles were half the flexibility as his left side. He had great abdominal and lower back strength but his gluteal and hip abductor muscles were disproportionally weak on both sides. His balance was horrible and he hopped like a rhinoceros but weighed a slight 150# at 6 ft. tall. His running gait was primarily heel strike but not overly hard and was essentially symmetric.

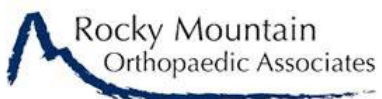
Usually when a runner has pain on the outer portion of the knee the diagnosis is IT Band syndrome but this was different. None of the tests that we use to diagnosis IT Band problems were positive. So instead of focusing on trying to give David a precise name for his condition we decided to go to work and address the issues discussed above. Specifically, we started with the gluteal flexibility because it was so tight that I was concerned he might be developing arthritis in his hip. Since David could run for 3 miles without hurting I suggested continuing to run but he had to stay in the pain free range.

David went to work on the stretching program for 2 weeks and then came back for a follow up. Luckily, the hip motion or gluteal flexibility was much better. Actually, it was the same as the other side and he had been able to increase to 4 miles 3 times per week.

Our next step in helping David get back to running was to improve the strength in his gluteal muscles. We chose one set of exercises that isolated the gluteal muscles and another set that required the gluteal muscle to work in synergy with the other leg muscles requiring dynamic movements and balance. Since he was doing so well with performing these in my clinic I decided to also advance him to rope jumping so that we could get a bit more spring in his step. David worked on these exercises for 4 weeks and then came in for his follow up.

SMART Sports Medicine and Rehab Team

David had run 13 miles the weekend before seeing me and was elated to be back on track. He told me that he felt transformed; he was running as a whole person – stronger and more balanced than ever. David’s case highlights what I often see as I work with runners - they will bounce around from injury to injury and lose symmetry of strength and flexibility as well as balance ability. This type of treatment approach is the foundation of the ***SMART*** rehabilitation process.



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970.242.3535 • 1.800.856.9640