MY KNEE HURTS LIKE RAFAEL NADAL

Knee Tendonitis afflicts millions of Americans on a daily basis. You don't have to be a professional tennis player to be sidelined from inflammation in the tendons around your knee. In Nadal's case, his patellar tendon is the culprit. This is the tendon that connects the kneecap (patella) to the lower leg bone (tibia). The inflammation can spread to the fat pad beneath the tendon and even lead to partial tearing of the tendon. Patients who experience tendonitis often complain of activity related pain that is fairly localized and can be sharp at times. Swelling is often noted. Patellar tendonitis is located just beneath the kneecap and is worse with running, jumping and cutting activities.

Treatment for tendonitis rarely involves surgery. The mainstay of care involves rest, ice, anti-inflammatory medications and physical therapy modalities. The "no pain, no gain" mentality is not appropriate for this condition; that is, the athlete will not get better by fighting through it.

If Nadal needs to rest and miss playing professional tennis at Wimbledon, the Olympics and the US open, so does the weekend warrior and recreational athlete.

Other areas in the knee that are frequently involved with tendonitis include the quadriceps tendon, the pes anserine tendons and the iliotibial band. The quadriceps tendon connects the quadriceps muscle to the superior portion of the patella. With quadriceps tendonitis, patients complain of pain at the insertion of the tendon into the patella. It is worse with stair climbing, running and jumping. The pes anserine tendons connect the hamstring muscles to the inner side of the leg bone (tibia). Patients complain of pain on the inner side of the tibia just below the joint line.

The iliotibial band runs along the outer side of the thigh and connects to the outer portion of the tibia. Runner's often get symptoms at the insertion sight of the band along the outer joint line of the knee.

As patients approach middle age, the muscles and tendons lose their elastic properties and ability to handle repetitive stress. The repetitive loads stress the tendon which leads to the initiation of irritation and partial or micro-tearing. Muscular imbalance where one set of muscles is stronger than another can lead to tendon overload and uneven stresses about the knee. Reduced flexibility of a certain muscle group can lead to increased strain within a tendon.

Prevention is important. Proper stretching and strength training is important. Stretching allows for increased flexibility and the tendon's ability to mechanical stress and overloading. Strengthening exercises condition the tendon for endurance and proper force mitigation. In simple terms, stretch before activity and start to strengthen in a cross-training program.

Written by Dr. Gary Wexler
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Listen to your body. If you start to experience symptoms, go into a" cool down" program. Ice is important as well as anti-inflammatory medications. Consult with your local orthopedic surgeon for a rehabilitative program in order to get back to athletics.

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