

"JUMPERS KNEE" PATELLAR TENDONITIS IN SOCCER

"Jumpers Knee" otherwise known as Patellar Tendonitis is one the most common injuries across all sports, in fact it can be particularly difficult to treat in a soccer players. Patellar tendonitis by definition is an inflammation of the patellar tendon. The patellar tendon can be found on the front of the knee. It connects the quadriceps muscles to the knee cap or patella and the lower leg bones at the Tibial tubercle (See Figure 1).

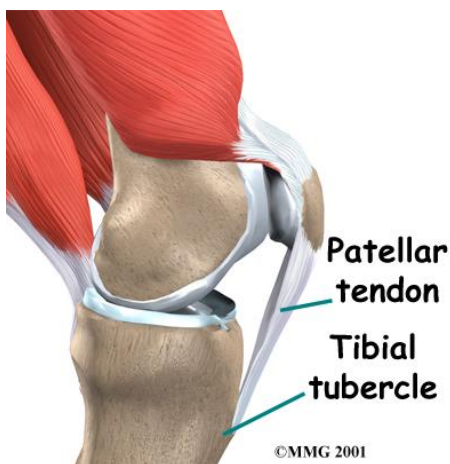


Figure 1 from: www.eorthopod.co

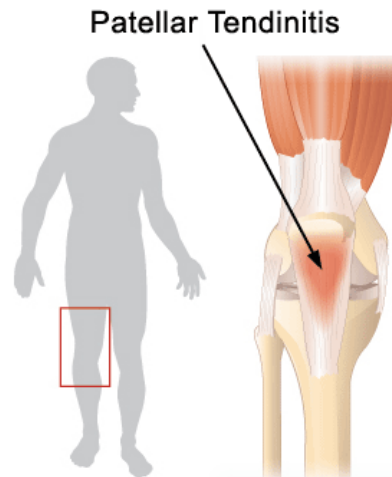


Figure 2 from: www.shakadula.com

There are two common causes of Patellar Tendonitis in soccer players. First and most common is overuse. The athlete may experience a nagging and sometimes sharp pain in the front of the knee which will gradually worsen over time. Depending on the response of the athlete's body, there may be some localized swelling around the effected area. The pain will typically be more significant at the onset of activity.

Secondly, patellar tendonitis can occur from a direct blow to the front of the knee. This can cause a number of different responses. Most commonly it is a result of an aggressive tackle, knee to knee contact, or from contact with a well struck ball. The symptoms will generally be the same but the athlete may experience some bruising or more significant swelling. In this case the tendon becomes inflamed from the contact rather than overuse.

Once it has been determined by a healthcare professional that you do indeed have patellar tendonitis icing regularly (20 minutes on and 20 minutes off 3-4 times per day) will decrease inflammation. Activity may also need to be modified depending on the severity of the symptoms. Secondly, stretching the muscle groups surrounding the knee, particularly the quadriceps group may be beneficial. In addition, there are straps and/or taping procedures that can decrease the stress on the tendon thus relieving pain during activity. All athletes should consult with their Licensed Athletic Trainer for specifics regarding a stretching program and taping before use. If symptoms do not reside or worsen the athlete should consult an orthopaedic doctor and in turn may need physical therapy to aid in quicker recovery. Typical recovery time can be anywhere from 2-6 weeks depending on the specific athlete.

Sara Radtke LAT

ATI Physical Therapy Mequon/Port Washington High School

"For a free injury screen or help finding a doctor call me at 414-559-6702"

Troy R. Gauger LAT, CEAS
Licensed Athletic Trainer, Director of Sports Medicine ATI Physical Therapy