

# Patella Tendonopathy

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## ***What is patella tendonopathy?***

This condition is often called patella tendonitis or jumper's knee. It is inflammation or degenerative change in the short tendon that runs between the lower part of the knee cap and the upper shin bone or tibia. It is very common in netballers and basketballers and can occur in any jumping sport.

## ***What are the symptoms?***

People with patella tendonopathy describe pain in the front of the knee just below the knee cap. This will occur gradually during a game where running and jumping are prominent. The pain will often ease somewhat as the person warms up and gets more active but may re-occur after rest. There is often significant aching after sport and the pain may also occur going up or down stairs.

## ***What causes patella tendonopathy?***

Rapid acceleration and deceleration at the knee is the major cause. So this is more common in jumping sports especially where jumping is on a hard surface. It is also more common in people who pronate, have flat feet, are knock-kneed or have other associated knee problems especially related to the knee cap.

## ***What are the risks?***

This is a condition that causes low grade degenerative change in the tendon over time. If the problem has been present for a short time then there is a risk that the athlete may develop long term tendonopathy if it is not treated properly. The tendon may also degenerate and there is a small risk of long term rupture of this tendon.

## ***Are any tests needed?***

In general, this diagnosis is relatively easy to make and is generally made by the team physiotherapist or sports doctor. Investigations are generally not required

unless there is concern about the severity of the tendonopathy. In this situation, a soft tissue ultrasound is performed to look at the tendon.

### ***What can I do to treat this?***

The most important issue here is to identify the pain in the early stage and seek physiotherapy assistance. There is a lot that can be done to reduce the pain including stretching of the quadriceps muscle, icing of the tendon and the use of taping techniques to take the load off the tendon.

### ***What treatments are available?***

The most important issue here is to reduce the stress on the tendon and this is best done by reducing the running and jumping activities whilst stretching out the quadriceps muscle. Special attention must be made to look at footwear and a podiatry assessment to assess the need for orthotics is also important. The most effective form of treatment is a physiotherapy technique aimed at strengthening the quadriceps muscle and the tendon with what is called eccentric loading. This involves lunges to increase the strength and durability of the tendon.

Unfortunately, there is little evidence that anti-inflammatory medications make any difference and these should be avoided. Cortisone injections certainly have been used for this condition and will often produce a dramatic improvement in pain. These injections should be performed by experienced sports doctors such that the injection is placed in the correct position. In younger athletes, steroid iontophoresis is also of benefit. Surgery is rarely necessary for this condition.

### ***What is the long term outcome?***

Unfortunately many highly active sports people will have long term low grade pain from their patella tendons. The aim here is to manage the condition rather than cure it. There is really no long term positive outcome from having low grade tendonopathy.