



Patellar Tendinopathy Rehabilitation

Initial Goal: Load reduction. Other than complete rest, there are ways to reduce the load through the patellar tendon. A reduction in the amount of jumping or sprinting, or amount of training hours, can be effective.

Strengthening & correction of biomechanics: If you can make adjustments on how your body works, you can also lessen the impact. For example, the ankle and hip are critical in absorbing the initial landing load transmitted to the knee. If you strengthen muscles like calves, glutes and hamstrings, you can help shield the knee from maximum impact. Landing flat-footed creates more stress than landing on the balls of your feet. Greater hip and knee flexion can also help. Tight calves, hamstrings, poor ankle flexion, and gluteal weakness can also cause problems. In other words, practitioners need to assess the big picture, and not just the knee itself. A strengthening/rehab program needs to consider deficiencies and abnormalities over a greater picture.

Overview: In the early stages, build up strength and muscle in the affected areas, focusing attention on the anti-gravity muscles. Several studies have shown strengthening exercises such as squats, isokinetics and weights reduce the pain associated with patellar tendinopathy. An eccentric strengthening program – strengthening while lengthening – such as use of a decline board, is shown to be beneficial as well.



Warm up



Leg extensions



Half Squats



One-Legged Squats



Decline Board Lunge



Decline Board lunge with weights

Exercises for related muscles:



Calf Raise



One Legged calf-raise



One legged squats with raised foot
(Works glutes well)



Static Glute hold (Exercise ball)
Keep body & Leg aligned



Static Glute hold on floor
(Progress to raises)



Stretches: Quad stretches – keep pelvis forward.
Also stretch calves, glutes, hamstrings.

