



Jumper's Knee (Infrapatellar Tendinitis)

ROSENBERG COOLEY METCALF

THE ORTHOPEDIC CLINIC AT PARK CITY

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DIAGNOSIS: Your **diagnosis** is jumper's knee or infrapatellar tendinitis.

INJURY or CONDITION: This **injury** is a small zone of damaged and inflamed tendon fibers located at the inferior pole of your kneecap (patella). Stress from the quadriceps muscle group is concentrated at this point. Dead (necrotic) tissue is often surrounded by a small halo of inflammation.

CAUSE: The most common **cause** is repetitive insult (micro-trauma) to the tendon during activities which involve prolonged running or repetitive jumping.

SYMPTOMS: Typical **symptoms** are pain at the inferior pole of your patella (kneecap) made worse with activities such as running or jumping. In more severe cases, an area of swelling and tenderness is apparent. Weakness of the associated quadriceps muscle group is an unfavorable sign.

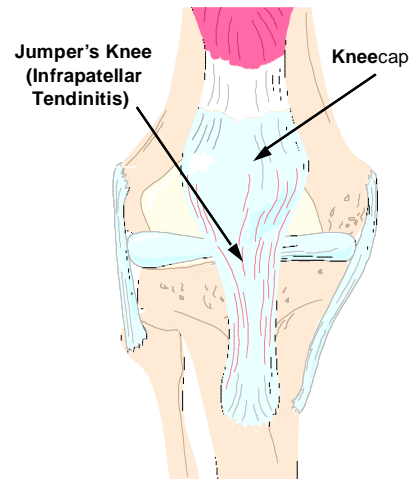
TREATMENT: Our standard **treatment** options include:

1. Anti-inflammatory medication for 1-2 months.
2. Ice massage repeated at least three times per day (20-30 minutes on, 2-3 hours off).
3. A knee sleeve or pressure band can be applied to alleviate pain in some cases.
4. Activities should be modified to reduce stress on the patellar tendon such as running on more level terrain.
5. Injection technique using multiple perforations of a needle tip may stimulate spontaneous healing.
6. In cases which have been resistant to treatment for a year, minor surgery to remove the dead and inflamed tissue is necessary.

PRECAUTIONS: Important **precautions:**

1. Avoid Cortisone injections to this sight. Cortisone typically weakens tissue and may lead to greater damage and even tendon rupture.
2. Be patient. Unfortunately, improvement in this condition is almost always very gradual.
3. Check your nutrition. Diets high in fat may be deficient in important minerals and vitamins. Smoking may contribute to this condition.
4. Kneeling on hard surfaces should be avoided.

RECOVERY: Expected **recovery** is slow. Resistant cases may require minor surgery. Improvement is gradual over a minimum of six months.



Front (anterior) view,
Knee straight (extended)

