

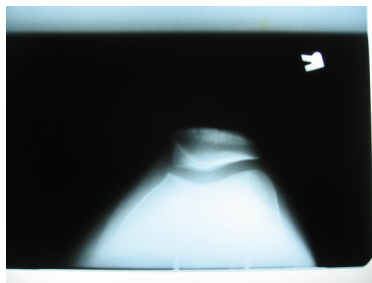
Many people with CMP will have “crackling” when they bend and straighten their leg. Pain is felt over the kneecap but can be “referred” to the inner or medial side of the knee. MRI is not necessary for diagnosis and often misses the problem. Special MRI techniques are necessary to detect how badly the cartilage is injured in severe cases.

This malalignment can be seen on a “sunrise” knee x-ray.



Malaligned Patella

However, most people with CMP do not have this problem.



Nor- mally

Aligned Patella

Time to Healing:

With a proper activity modification and therapy program, there is steady improvement, but it is slow. Patients typically report a 15 to 20 percent reduction in symptoms over the first couple months with total healing time average four to six months. Once healing has occurred, it is important not to overload the patella again or the symptoms will occur.

Illinois Sportsmedicine &
Orthopaedic Centers
Dr Chadwick Prodomos, MD
1714 Milwaukee Ave.
Glenview, IL 60025
847-699-6810
www.ismoc.net
Questions? - email us at:
ortho@ismoc.net

*Illinois
Sportsmedicine and
Orthopaedic Center*

Patellar Pain



Dr Chadwick Prodomos, MD
1714 Milwaukee Ave.
Glenview, IL 60025

Phone: 847-699-6810
Fax: 847-699-6545
Website: www.ISMOC.net

Patellar Pain

Definitions:

Chondromalacia Patellae (CMP): Painful degeneration of the cartilage that coats the paella (kneecap) and its socket (trochlea).

Patellar Tendinitis (PT): Inflammation of the tendon below the kneecap.

Crepitus: The crackling that many people experience with CMP.

Causes:

Any activity that causes stress across the kneecap. This includes:

- Squatting, kneeling and stair climbing
- Weight lifting for the quadriceps: eg squats, leg press, lunges, step ups.
- Running or jumping.
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Treatment:

Activity modification:

The most important treatment is the reduction of stress across the kneecap. This involves elimination of squatting and kneeling.

- Sit on the ground or on a low stool / bucket when they need to perform low-to-the-ground activities such as gardening,

scrubbing floors, playing with children or performing manual labor.

- Minimize stair climbing.
- When sitting, keep legs at a 90 degree angle or greater at all times. Bringing feet closer to the body will put strain on the kneecap.
- Any activity that causes pain should not be done. “Working through” the pain only results in more tissue destruction and cell death.

Exercise :

Avoid quadriceps strengthening and weight lifting, running and jumping. Instead:

- **Elliptical**—This is an excellent workout when done according to our protocol as shown in our video and brochure. Use low resistance, a high rate, no arms and lean forward.
- **Free style swimming**—Also can give good workout, but need to swim at high speed to elevate heart rate sufficiently. Do not use the frog kick as this puts too much stress on the knees. Water aerobics can also supply a good workout.
- **Cycling**—Do only if this can be done without pain. Use low resistance and avoid hills.
- **Hip and Core Strengthening**—This can help to decrease pain.

Medications:

Avoid all medications. Specifically:

- NSAIDS (Non-steroidal anti-inflammatory drugs) - This includes Ibuprofen, Motrin, Advil, Aleve, Mexocam and Celebrex
 - These drugs slow healing
 - They mask symptoms so it is easier to continue to injure your knee.
 - They have serious side effects including gastrointestinal ulcers, but also kidney and liver problems.
- Other Painkillers—Vicodin, Tramadol, etc also mask symptoms and should be stopped.
- Muscle Relaxants, Anti-Depressants—Should not be used .

Weight Loss:

Weight gain along with overuse is a principal cause of patellar pain. The kneecap is the most sensitive part of the knee to weight gain. Weight loss is always beneficial in overweight persons and is indispensable to recovery in many. Weight loss usually cannot be achieved by increasing exercise due to the knee disability. Decreasing daily caloric intake is always effective, even without exercise & is the primary component of any weight loss program, even in those without activity limitations. Consulting a nutrition professional is recommended.