01

Runner's Knee

Patellofemoral Pain Syndrome

That sandpaper-behind-the-kneecap feeling runners love to ignore until stairs become personal.

INJURY
Patellofemoral Pain Syndrome

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SERIES
Injury Hub: ***Top 20***

By Liesel · Head Physio · Kilometer Klub · 30+ years' experience · 11x Comrades finisher

01: INJURY HUB

Patellofemoral Pain Syndrome

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CAN I KEEP RUNNING?

Often yes, if pain stays mild and settles by next day. If stairs and easy jogging are progressively worsening, you need a clear deload.

TYPICAL TIMELINE

2 to 6 weeks reduced running. Full rebuild 6 to 12 weeks. Mild cases may keep modified running throughout.

WHAT IT IS: IN LIESEL'S WORDS

Patellofemoral pain syndrome is pain from the joint between the kneecap and the femur. In runners it is almost always an overload problem, not a single dramatic injury. Think of your kneecap as a train on a track. When the muscles steering it are strong, the ride is smooth. When the hips weaken or load spikes too fast, the train drifts and the underside start to scrape.

This is a load and capacity story. Not a death sentence for your running life.

> **LIESEL'S NOTE**
> *The knee is the middle child. It complains loudest when the hips and ankles are not doing their share of the work.*

HOW IT USUALLY FEELS

Runners describe a dull ache around or behind the kneecap that starts quietly, often only after warming up. Over time it becomes sharper, especially going downhill or down stairs.

- Pain around or behind the kneecap, not one sharp spot.
- Builds with hills, stairs, speed work, and prolonged sitting.
- The theatre sign: aching after sitting with bent knees for a while.
- May ease during the run, then returns an hour or two later.
- Morning stiffness mild; significant swelling uncommon.

WHY RUNNERS GET THIS: REAL REASONS

This injury rarely appears out of nowhere. It shows up when load quietly outruns tissue capacity. The usual culprits:

- Rapid training-load increase, especially hills, speed, or volume spikes.
- Weak hips and glutes allowing the knee to collapse inward on landing.
- Low cadence or overstriding, more impact force through the kneecap per step.
- Tight IT band or hamstrings tugging the patella off its groove.
- Returning too quickly after time off. Tissues decondition faster than you think.

THE BIGGEST MISTAKES I SEE

- Ignoring the first few grumbling runs, then being shocked when it becomes constant.
- Aggressive quad stretching in the first week. Load beats length early on.
- Stopping completely without doing anything. Tissues need load to heal, not pure rest.
- Blaming the shoes before addressing the hip strength.

> **REALITY CHECK**
> *If this still hurts after 3 weeks of proper loading, you missed something. Get it assessed rather than repeating week 1, again.*

THE ROAD BACK TO RUNNING

Returning to running is not the same as returning to full training. The tissue needs to tolerate easy impact first, then volume, then intensity.

1. **Calm the irritation**
   Reduce downhill, stairs, deep knee flexion, hill blocks, and hard sessions. Keep moving.
2. **Build capacity**
   Start hip and quad strengthening within the first week. Pain-free range only.
3. **Test easy running**
   Flat, short, easy pace. If the next morning is fine, progress. If worse, back one step.
4. **Add volume before intensity**
   More easy kilometers first. Hills, tempo, and speed come last.
5. **Keep the strength work**
   Even when you feel fine. This injury comes back when the gym sessions disappear.

> **QUICK TIP**
> *Increase cadence by 5 to 8% on first return runs. Shorter stride means less force through the kneecap per step.*

REHAB PLAN — KEY EXERCISES

Dark-background cards below. Start Phase 1 and progress when pain-free with good form.

Wall Sit 90-degree knee angle, back flat. Hold isometrically. **3 x 30-60 sec · Daily**	**Clamshell** Side-lying, open top knee with control. No hip rolling. **3 x 15 per side · Daily**
Glute Bridge Feet flat, drive hips up. Single leg when strong enough. **3 x 12 · Daily**	**Step-Up** Step up, drive through heel. Control the descent. **2 x 10 per side · 3x week**
Mini Squat 0-to-45-degree range only. Slow descent. Stop at pain. **3 x 10 · 3x week**	**Straight-Leg Raise** Lift to 45 degrees, hold 2 sec, lower with control. **3 x 12 per side · Daily**

CROSS-TRAINING THAT WORKS

Stay fit without making it worse. These are generally well-tolerated:

- Pool running and swimming, zero impact, full fitness maintenance.
- Cycling with a high saddle, keeps knee at low flexion angles.
- Light rowing if the knee angle does not provoke symptoms.
- **Avoid:** deep squats, stair machines, and downhill hiking until pain-free.

> **LIESEL'S PEN**
>
> *I have met so many runners who treated this like a tiny annoyance until stairs, car rides, and race week all became miserable. The ones who do best are rarely the toughest. They are the ones who listen early, get stronger, and stop negotiating with pain that keeps sending the same message. Your kneecap is not your enemy. It is just asking for better support from the muscles around it. Give it that, and it will carry you a very long way.*

INJURYHUB · QUICK REFERENCE

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Patellofemoral Pain Syndrome: everything you need at a glance

PAIN LOCATION

Around or behind the kneecap. Builds on hills, stairs, speed work, and prolonged sitting. The theatre sign (aching after sitting still) is classic.

COMMON TRIGGERS

Rapid training-load increase. Weak hips and glutes. Low cadence and overstriding. Sudden return after time off.

KEY FIX

Reduce provocative loading first. Start hip and quad strengthening within week one. Keep moving. The tissue needs load to heal.

RECOVERY TIMELINE

2 to 6 weeks reduced running. Full rebuild 6 to 12 weeks. Mild cases can keep modified running if symptoms stay low.

REAL TALK: FROM LIESEL

The runners who beat this injury are not the ones who push hardest through it. They are the ones who get stronger around it and smarter about how they train. Patience is not weakness. It is what separates a runner who comes back better from one who repeats the same injury every six months for five years. I saw both. Be the first one.

EVIDENCE BASE

Patellofemoral Pain: Clinical Practice Guidelines — JOSPT (2019)
Patellofemoral Pain: Using Evidence to Guide Practice — JOSPT (2019)
Common Running Injuries: Evaluation and Management — AAFP (2018)

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