



# KILOMETERKLUB

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## YOUR OUTER KNEE INJURY REHAB GUIDE FROM LIESEL

### What I want you to do first at home

If this were my runner in week one, I would keep the plan simple: calm the irritation, remove the biggest trigger, and start rebuilding capacity instead of waiting passively for a miracle.

- Temporarily reduce the triggers: downhill, very long runs, and hard sessions
- Target hip abductor and pelvic-control strength
- Use symptom-relief tools short term only: massage, soft-tissue work, taping, and ice if helpful
- Consider cadence and overstride adjustments only after load is under control
- Use the 24-hour response as your guide: if the next day is notably worse, the load was too high.
- Keep doing the strength work even once the pain settles.

### What I would do in clinic

In clinic, I would first make sure the diagnosis fits the pattern and that we are not missing a more serious problem. Then I would identify the biggest load driver, test the weak links, calm the angry tissue down enough to let you move, and build a plan you can actually follow in real life. For this one, I would look closely at lateral hip capacity, single-leg control, route camber exposure, and the exact threshold where the pain usually starts.

### Strength & rehab prescription

The exercise plan should feel purposeful, not random. I usually break rehab into phases so the runner knows what matters now and what can wait.

- Early phase: side-lying hip abduction, bridge progressions, clam variations, isometric wall push
- Strength phase: lateral step-downs, band walks, split squats, single-leg RDLs, step-ups
- Running phase: short flat runs, then controlled hills, then longer sessions

### Cross-training that usually works

Usually worth trying: Pool running, Elliptical if pain-free, Cycling with low resistance and limited compression if tolerated, Strength training that does not flare symptoms.

Usually better to avoid early on: Long downhills, Aggressive side-lying stretching into pain, Repeated single-direction track sessions, Big mileage jumps.

Your best option is the one that lets you keep fitness without making tomorrow worse.

## Road back to running

Returning to running is not the same thing as returning to full training. I want the tissue to tolerate easy impact first, then volume, then the spicy stuff.

1. Reduce outer-knee irritability first
2. Build lateral-hip strength and control
3. Return with short flat runs on predictable surfaces
4. Reintroduce hills and longer runs last
5. If the tissue changes the way you walk or run, you are not ready for the next step yet.

## When I want you to get help

Seek review if you cannot run pain-free after a deload week, or if the knee is swelling, locking, or giving way. Red flags I would take seriously include: Swollen knee joint, locking, instability, or pain after a twist injury; Pain present at rest or at night; Pain that feels deep in the joint rather than on the outer knee.

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If you are still not coming right, book a consultation with me through our website at

[www.kilometerklub.com](http://www.kilometerklub.com)