



KILOMETERKLUB

YOUR RUNNER'S 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.

- Reduce provocative loading first: downhill, stairs, deep knee flexion, big hill blocks, and hard sessions
- Build capacity with combined hip and knee strengthening
- Use short-term symptom settling tools when needed: taping, temporary cadence increase, and activity modification
- Improve tolerance before chasing form changes or stretching aggressively
- 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 pay close attention to hip strength, step-down control, cadence, and how well the knee tolerates compression on stairs and downhill.

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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: isometric wall sits, Spanish squats, straight-leg raises, mini-squats, step-ups
- Strength phase: split squats, leg press, step-downs, single-leg squats to tolerance, hip abduction, bridges, RDLs
- Running phase: cadence cueing, hill reintroduction, controlled downhill exposure, skipping and hops when symptoms allow

Cross-training that usually works

Usually worth trying: Cycling with low resistance if tolerated, Pool running, Elliptical, Upper-body conditioning, Walking on flat ground if symptoms are settled.

Usually better to avoid early on: Deep lunges or heavy squats into pain early on, Long downhill runs, Repeated hill sprints, Plyometrics before strength returns.

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.

Phase 1: calm symptoms and restore tolerance to stairs, squats, and brisk walking

Phase 2: restore single-leg strength and control

Phase 3: return to flat easy running using a pain-monitoring approach

Phase 4: reintroduce hills, workouts, and race-specific work gradually

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

See a physio if symptoms last longer than 2 to 3 weeks, if the knee swells, or if you cannot descend stairs comfortably. Seek medical review sooner for locking, instability, major swelling, or trauma. Red flags I would take seriously include: Pain that is sharp, locking, or associated with significant swelling; True giving way, inability to fully straighten the knee, or a major twist injury; Night pain, fever, or unexplained swelling in the whole joint; Pain focused on one bony point rather than diffuse kneecap pain.

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

www.kilometerklub.com