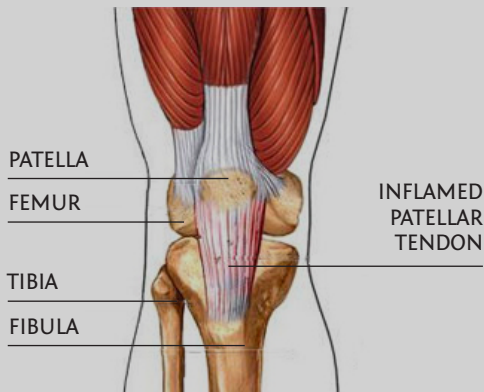


WHAT IS PATELLAR TENDINOPATHY

Imagine a pack of dry spaghetti – these are the collagen fibres that make up a tendon (you have a mix of type 2 and 3). Tendinopathy is a continuous process where a few fibres initially fail – imagine wet spaghetti amongst the dry. These then snap and packets of fluid collect in the structure – eventually the tendon swells and is painful to take load – some tear or snap, but this is rare. It is difficult to manage, Shock Wave, Platelet Rich Plasma and heavy weight lifting are used along with surgery. We still do not understand fully the genetic process.



SSC TREATMENT TIPS

Establishing hip strength early is important.

Good eccentric quadriceps strength should be developed through exercises such as box squatting.

Put an emphasis on excellent single leg control throughout rehabilitation.

Do not underestimate the role the trunk has on lower limb biomechanics and on loading the knee.

Ensure to include dynamic tasks such as running and jumping mechanics during all rehabilitation management strategies.

REHABILITATION

FOCUSING ON ADDRESSING LOWER LIMB BIOMECHANICS IS IMPORTANT IN PREVENTING OVERLOAD OF THE PATELLAR TENDON ISSUES.

HIGH
RECURRENCE RATES

20%

ARE OFTEN **ASSOCIATED WITH PATELLAR TENDINOPATHIES**

COMPRISES
1.5%
OF ALL **INJURIES**
IN **SOCCER**

38%

OF PATELLAR (KNEE) TENDINOPATHIES RESULT IN **ABSENCE BETWEEN 8-28 DAYS**



OWEN HARGREAVES WAS **LIMITED TO 9 FIRST TEAM APPEARANCES** FROM 2008-2012 MAINLY **DUE TO PATELLAR TENDON ISSUE.**

