

**Symptoms:**

Pain: Often non-specific (vague), anywhere around the knee cap

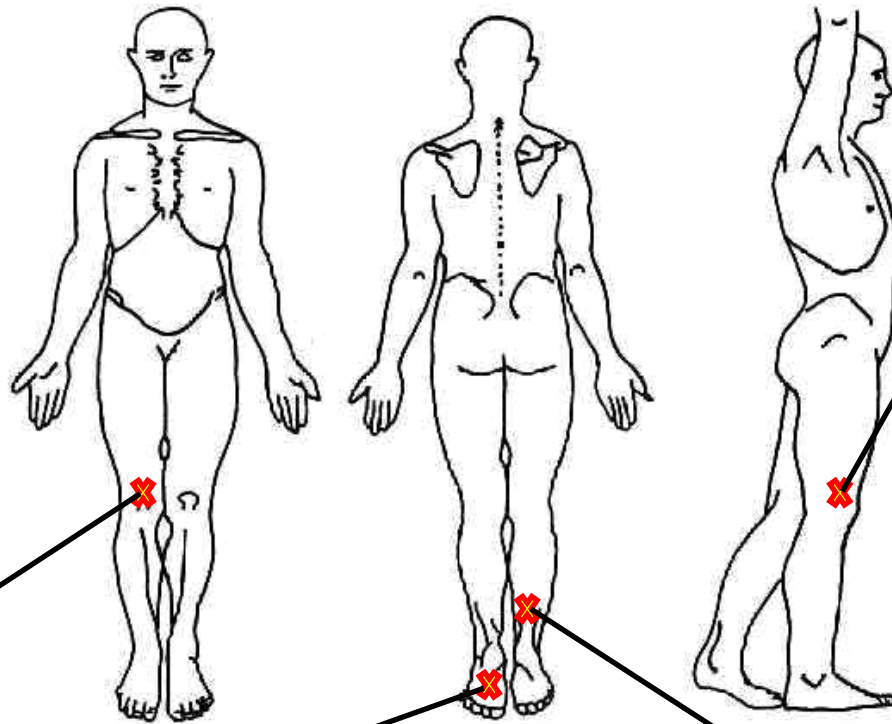
Onset: Is often with running, especially downhill, and increased loading of the knee (e.g steps/stairs, hills)

**Current research:**

Work on your hip muscles

Gait retraining is a go!

- Watch out for excessive impact shock during heel strike and at the propulsion phase of running (keep COM at a constant height and long strides, not hard strides)



**Symptoms:**

Pain: Ache or pain is generally described to be over the lateral aspect of the knee

Onset: generally will occur at the same stage of each run (assuming same running path), will be worse with longer runs or runs downhill

**Current Research:**

Rearfoot mechanics can be problematic

- Excessive knee internal rotation is bad
- Peak hip adduction

**Symptoms:**

Pain: Pain is usually of gradual onset and felt on the inside aspect of the heel.

Onset: Initially, worse in the mornings and decreases with activity, only to ache post-activity. If the condition deteriorates the pain may be present with any weight bearing and worsen with activity

**Current Research:**

Self-stretching with the addition of physiotherapy treatment produces results faster than just self-stretching

Correct footwear is very important (reduces peak forces by up to 36%).

Taping is a good short term option

**Symptoms:**

Pain: Pain is usually of gradual onset and felt on the inside aspect of the heel.

Onset: Initially, pain may be limited to running or exercising chronic cases, swelling may decrease but tendon thickening may be present

**Current Research:**

Early management is better

Local pain is a poor measure of improvement

Recovery can take a long time

**Staff**

Musculoskeletal Specialist  
Physiotherapist:

**Andrew Dalwood (FACP)**

Physiotherapists:

**Frances Gray**

**Anthony Fernon**

**Christopher Snell**

**Clinic Hours:**

Monday—Friday  
8am—7:30pm  
Saturday  
8am—12:30pm

**Location:**

**Phone:**