

Ask the Expert

Q: Dear Dr. Milne,
I ran the Rock and Roll Marathon on Sunday and made it 17 miles before I had a sharp pains on the front/outside of my knee. I kept trying to run but could only walk. What are the possibilities? What should I do?

Debbie, 48, St. Louis

A: Anterior knee pain in female runners is widespread. This doesn't suggest that people shouldn't run...because anterior knee pain is also common in both men and women that don't run.

By far, the most common cause of anterior knee pain is chondromalacia patella. This translates into softening or breakdown of the white, shiny articular cartilage that covers the ends of bones and the back of the patella (knee cap).

As we age or get injured, this cartilage can crack or become dehydrated and lead to damage or flaking away. This can cause the rough feeling or crunching and popping that some people feel when they walk, run, or even climb the stairs. A good analogy is how a pothole forms on the road. The surface asphalt cracks, fluid gets in that crack and pieces lift up or break loose leaving a defect.

Other causes of this pain, especially in the middle of a marathon, can include tendon injury, IT band friction syndrome, stress fracture, or aggravation of an underlying meniscal or articular cartilage injury.

It's pretty hard for a marathoner to quit in the middle of race, but stopping the aggravating activity, ice, oral anti-inflammatories are first line treatments. You should follow this up with a musculoskeletal evaluation and plain xrays.

Physical therapy, activity modifications and an icing/NSAID program usually follow. If an abnormality on physical exam or failure to improve occurs, often an MRI is used to evaluate the knee for structural damage.

In general, physical activity is always encouraged in light of knee arthritis. We usually like to steer folks to lower impact activities over higher impact activities while recovering from an injury or after a knee surgery.

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