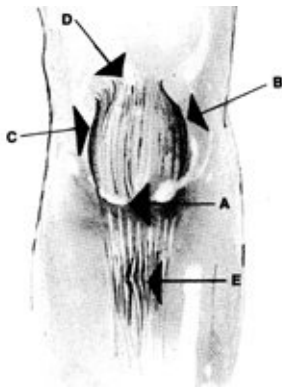


Assessing Patellar Tendon Strain

By Ben Benjamin, PhD

True or False: When assessing patellar tendinitis, history, rather than testing procedures, gives you the most important information.

Answer: True.



With patella tendinitis, you may have been injured at points A, B, C, D or E.

When assessing musculoskeletal injuries, assessment tests usually give you the information you need to verify a particular injury is present.

Palpation then can be used to specifically identify which fibers of the structure are injured and inflamed.

This is not usually the case with patellar tendinitis. The patellar tendon is one of the strongest tendons in the body; in many cases of patellar tendon strain, a person can run 5-10 miles before feeling pain in the knee.

This suggests that it may be difficult to apply a sufficient amount of stress to the knee by any testing techniques. As such, it is the history that gives you the crucial information you need to understand if patellar tendinitis is present.



Pain is most often felt at point F. For example if the client says he or she must run many miles or be active for a considerable time before pain begins, this indicates that the adhesive scar tissue begins to tear and hurt only after it is considerably stressed. Following exertion, the client will often say that climbing stairs and walking up hills becomes painful at the front of the knee. Another frequent symptom is that after prolonged sitting, the act of standing up causes temporary pain at the front of the knee. The story, rather than the testing procedures, tells you patellar tendinitis likely is present.

After verifying the injury, hands-on testing is crucial in ferreting out which fibers are inflamed, because the patellar tendon mechanism can be injured in five different places.

Click [here](#) for more information about Ben Benjamin, PhD.



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