

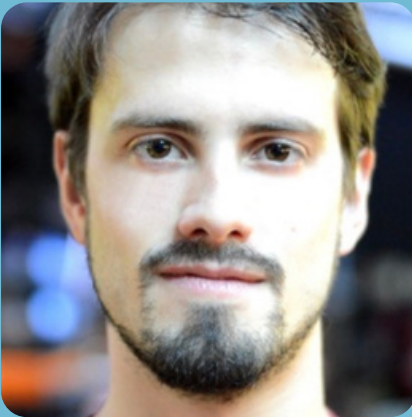


MOVE OUT OF KNEE PAIN

PART 1

3 Common Myths That Are Stopping
Your Knee Pain Recovery

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INTRODUCTION:

I'm fortunate to work with clients with **knee pain everyday**. Fortunate because in most cases I can really **make a difference** and move them away from the horrible and limiting pain.

The story normally goes something like this: "I had **an injury and/or surgery** but my knee never recovered... I tried to get by but kept getting worse and now **I can't even go down the stairs properly or run...** I feel really frustrated and like an old man... In the meantime I put on weight and **I can't really play with my kids anymore.**"

If you relate to this then know that you're not alone and that reading on, you will be taking a first step to improve your situation.

Below is my best info that took me a **masters degree in biomechanics, tens of thousands of pounds in further education and more than 10 years experience** training clients. I hate BS and confusing messages so tried my best to keep this short, accurate and to the point.

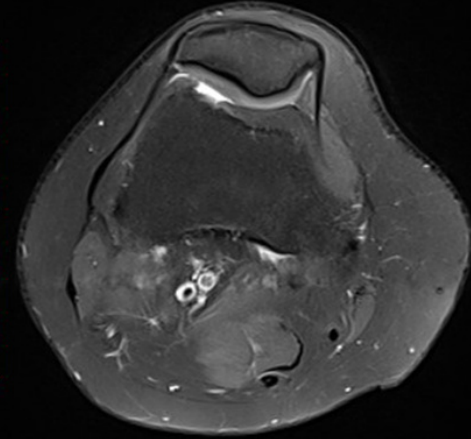
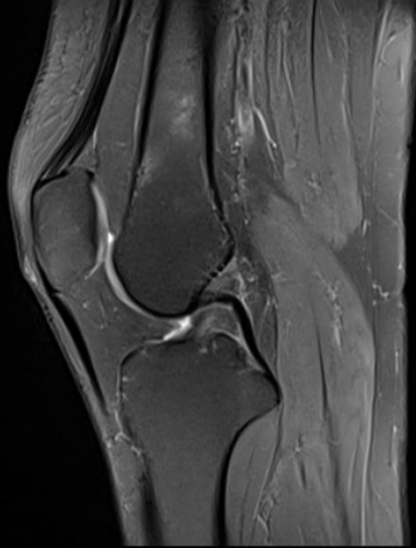
INTRODUCTION:

Most people reach me holding **beliefs that limit** their ability to recover and build them back to the shape they want. This is hardly their fault but despite solid evidence to the contrary some **myths seem to persist and be a hindrance to recovery...**

This myth busting illustrates the crucial ideas underpinning a successful recovery. There will be a **part 2** where we will get to the **how to implement these ideas.**

Disclaimer!

This is obviously just a guide you can use to build your own program. It is not personalised advice and you should try this at your own risk.



MYTH 1

I HAVE THE KNEES OF AN OLD PERSON!

If you were told that your knees are worn out like an old person or like an old car, let's qualify.

Fortunately we are a much more complex and advanced system than a car and capable of regeneration and adaptation, so the car analogy is just stupid.

You might have done a scan of your knee and found alterations or degeneration but interestingly we also see the same changes on people who have no pain.

As a recent study by Horga et al. (2020) concludes:

“Nearly all knees of asymptomatic adults showed abnormalities in at least one knee structure on MRI. Meniscal tears, cartilage and bone marrow lesions of the patellofemoral joint were the most common pathological findings.”

This means that most adults have some “damage” to their knee despite having no pain or problems with it! And that gives us 2 important hints:

- We probably shouldn't compare knees to theoretical perfection but to an average knee for a certain age
- **Damage does not mean pain or limitations in performance**

That doesn't mean scans are useless we just need to be aware that they are not able to locate **what exactly is causing the pain.**

A poor scan result:

- is not your destiny
- might not relate that much to your pain
- doesn't mean that your knee can't get better overtime (Horga et al. 2019)
- doesn't say much about your ability to use your knee for what you want to do.



MYTH 2

RUNNING, LUNGES AND SQUATS ARE BAD FOR YOUR KNEES:

If it keeps hurting as you do these activities then yes they are not a good activity for you **right now**. That doesn't mean that these same movements can't be the bread and butter of your recovery when done with the **right variation at the right time**... In reality there are not bad movements you just need to **find your starting point** and slowly build up from there until you have enough strength and skill to get back to what you want to do.

Ever heard that running is ruining your knees? Well that's actually BS, running **too much too soon ruins your knees** and other structures too...With the right progression **running actually has a protective effect**. Surprised? (Horga et al. 2019). Given enough time joints, ligaments and tendons adapt and improve, slowly for sure but they do, wish my car did that...



henrique_coimbra_pt Running with bad knees

Good news, even if your knee is screwed up already in a good part of cases you and your knee can still benefit from running.

Horga LM, Henckel J, Fotiadou A, et al Can marathon running improve knee damage of middle-aged adults? A prospective cohort study BMJ Open Sport & Exercise Medicine 2019;5:e000586. doi: 10.1136/bmjsem-2019-000586

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henrique_coimbra_pt #running #badknees #strength #buildup



What's really important is that you **respect your starting point**, being it as **simple and ridiculously small as it needs to be** and then:

- commit to training a **minimum of 30min**, 3 times per week
- once every few sessions **test your progress on the movements you deem important** to what you want to do. Say going downstairs is a problem and something you want to solve, test going downstairs with a lot assistance and remove it as you improve. There's nothing better then feeling progress.
- do the movements to a **no more then a 3-4 out of 10 pain** and monitoring for flare up the next day
- internalise the fact that **improvements take time** (tendons and ligaments might take as long as 9 months until a noticeable improvement can be seen). The good news is that in most cases significant **structural change is not required to feel less pain and perform better**.

A few weeks back a client in his first session did a handful of movements just as an assessment, we are talking of about 5 min of actual movement and without breaking a sweat.

He was really sore the next day, good muscle soreness I mean. So that was where he needed to start and that's ok, now we go for it for 1h solid and this is the reply I got from him:





MYTH 3

REST WILL HEAL IT:

Yes, rest is crucial component of any recovery or training process. The **problem is when that's all you do**. Then your **muscles, tendons, ligaments and joints will become less able** to tolerate movements and restrict you more and more. All of a sudden the brain perceives more day to day movements as dangerous and triggers pain. This is **precisely the downward spiral we want to prevent**. Even after surgery you might be surprised to know that minimising time in a cast or restrictive support and starting gentle movement very soon actually improves outcomes.

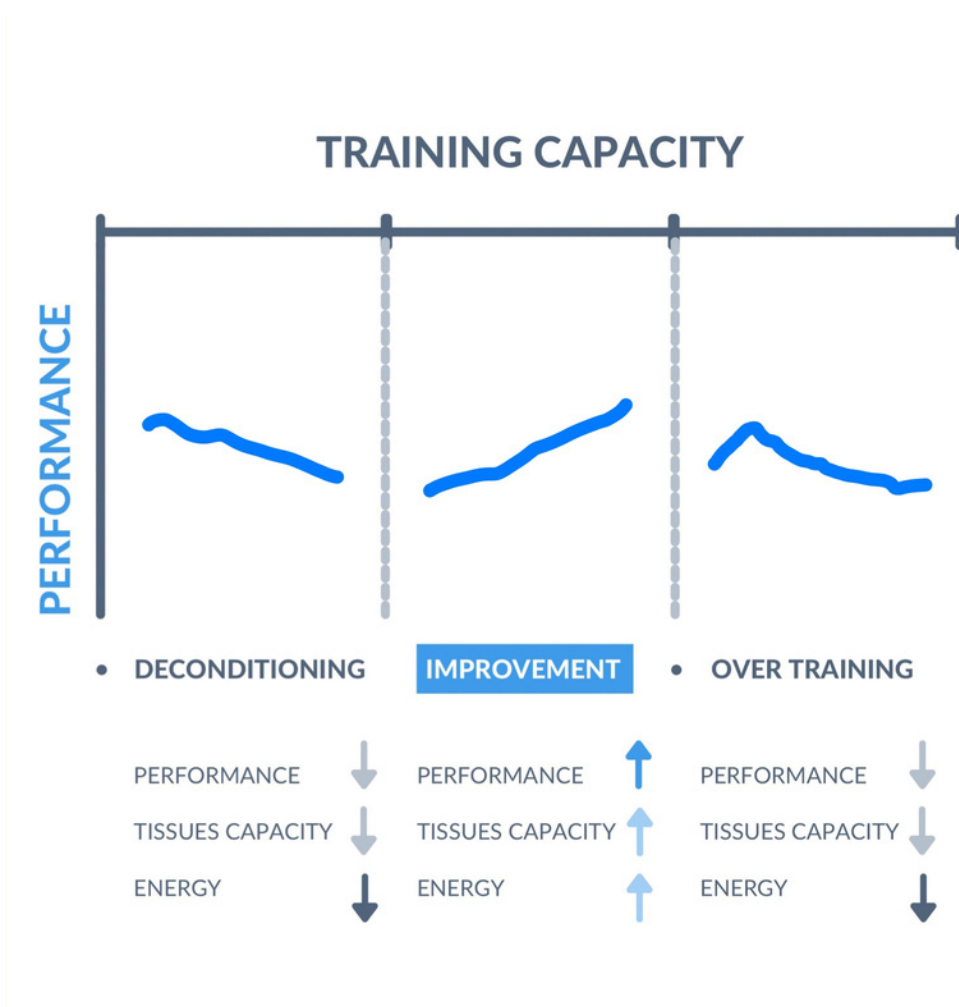
So the goal here is to regularly challenge the structures and movements that you care about or need improving and then recover well between sessions... Overtime your skills and capacity increase and so should the challenges you get yourself into.

HOW TO APPLY THIS TO YOUR OWN RECOVERY

Getting your **training right** is really important, below you can see what happens if you train too little, around the right amount or too much.

Too little takes you to a place of **fragility**, lower tolerance to **everyday challenges** and **lower energy**.

Too much often takes you to an **abrupt interruption** as you get a **flare up** or an **injury** ending up stopping and in the same place as if you training to little to start with.





BONUS MYTH

I MUST HAVE SURGERY TO GET BETTER.

Yes, in some cases, particularly the nasty traumatic ones, surgery might be required to get better. We should be really grateful for the surgeons ability to deal with these situations and many times give us back some movement.

But I dare say that in **most cases you can get better without surgery** and you also should get stronger even if you're having surgery later.

Let me explain, in cases like ACL rupture there is now enough evidence to support that some people recover well enough to go back to their previous level of professional sport performance without that ligament.

Previously doctors would recommend rushing to surgery to reduce recovery times, now a rehab first approach is preferred for its superior outcomes. (Monk et al. 2016, Kovalak et al. 2018)

If later you decide to have surgery, outcomes are significantly better if you do so from a good level of conditioning (Alshewaier et al. 2017).

Surgery or not the rehab and rebuild stronger process always applies if you want to get back to doing what you love. Next part will give you the tools to avoid a similar situation to the one described by a client the other day: "This top surgeon said the procedure went well but gave me no guidance as to what to do after... For the next 18 months I wasn't able to walk properly and going downstairs was really difficult..."

IN SUMMARY:

- A bad knee scan is not your destiny, damage is present in most people and doesn't mean you can't get out of pain and perform well.
- Start small, really simple and give time for tissues to adapt and improve
- There is lots you can do before opting for surgery and often it isn't even necessary.
- The rehab and rebuild stronger approach applies whether you opt for surgery or not.

Make sure you stay tuned for part 2 where we will help you find a starting point and start your journey to a knee that works

Keep an eye on your inbox over the next week...

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