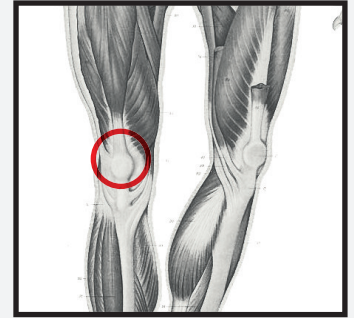
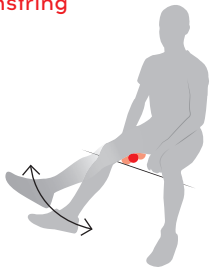


PAIN AT THE FRONT OF YOUR KNEE? USE re+ TOOLS AS PART OF YOUR RECOVERY.

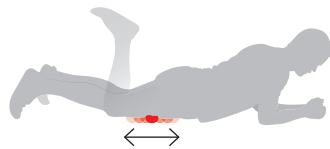


RELEASE TECHNIQUES

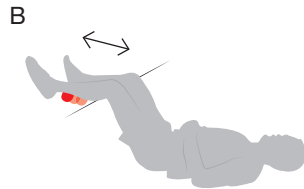
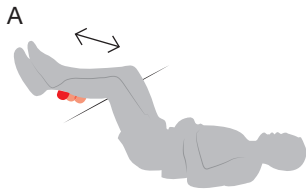
Hamstring roll



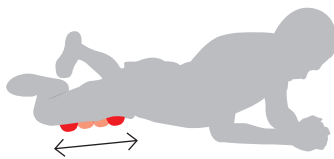
Quad roll



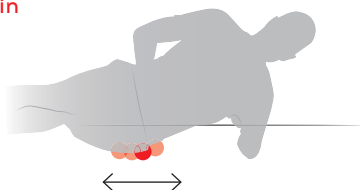
Calf roll



Adductor roll

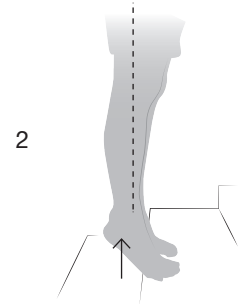
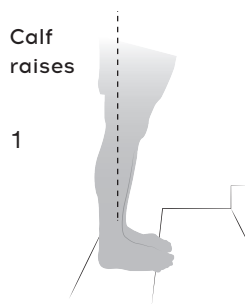


TFL/glut med/min

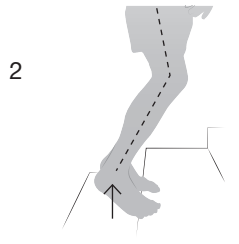
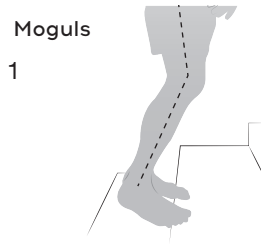


STRENGTHEN TECHNIQUES

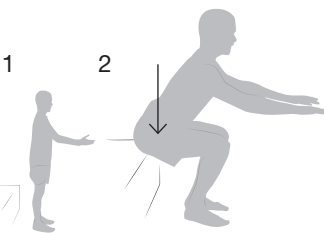
Calf raises



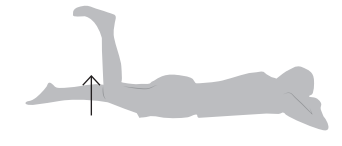
Moguls



Box squats



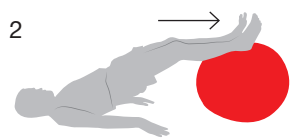
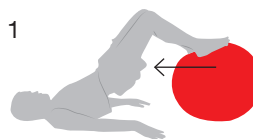
Hip extensions



Box adductors



Ball pelvic curls



Check out our website for detailed instructions and videos.
This program is aimed to supplement the specific advice given to you by your experienced clinician.
If pain increases with any activity, stop and see your professional!

USE rechargeclass AS PART OF YOUR RECOVERY.

We recommend these tools



DOUBLAR



SOLO



EAGLE



BIRDIE

The most common ailments associated with pain at the front of your knee are patellofemoral pain and patellar tendinopathy. Please ensure you see an experienced clinician about your knee pain to get an accurate diagnosis. Doing so will allow your therapist to suggest a targeted treatment, putting you on the path for the best outcome.

Patellar tendinopathy

Patellar tendinopathy is common in jumping sports, like basketball, and those that require direction change, like netball, however it can occur in people doing sports without these actions too. It can take a long time for this complaint to be resolved, particularly so if your symptoms were present for months or more before you sought treatment. Be patient with yourself – monitoring your progress may help you stay on track.

Patellofemoral pain

Patellofemoral pain is any pain in and around the knee cap, and is also called patellofemoral joint syndrome, anterior knee pain and chondromalacia patellae. There are many pain-sensitive structures of the knee that may give rise to patellofemoral pain, thus an accurate diagnosis is likely to give you the best outcomes.

What relieves it?

A multifaceted approach, including both soft tissue release and a specific strengthening regime, provides a conservative treatment option for both patellar tendinopathy and patellofemoral pain. Your therapist will be able to monitor your improvements and alter your release and strengthening program as you require. Depending on the severity of your case, you may need to have 'relative rest' from the sports and activities that cause you pain. The aim of your rehabilitation program should be to correct your biomechanics at, above and below your knee. You may also wish to continue your rehabilitation program after you return to sport to reduce the likelihood of a relapse.



Images credits:
Laskowski, S. 1894 Anatomie normale du corps humain

Release and Mobilise

These are passive changes applied to your tissue. That is, you apply a force to relaxed tissue and the tissue changes on its own. That change may be in relation to the length of the muscle, such as treating trigger points (**release**) or the movement of the joint (**mobilise**).

Activate and Strengthen

These are active changes applied to your tissue. That is, the muscle we want to change does all the work. We sometimes need to use a small and subtle contraction to 'wake up' the neural pathway to that muscle (**activate**) before we can adequately add more power (**strengthen**).