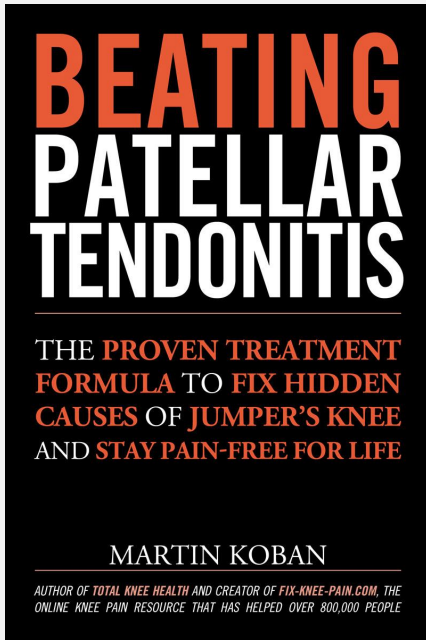


BEATING PATELLAR TENDONITIS

THE **PROVEN TREATMENT**
FORMULA TO FIX HIDDEN
CAUSES OF JUMPER'S KNEE
AND **STAY PAIN-FREE FOR LIFE**

MARTIN KOBAN

*AUTHOR OF **TOTAL KNEE HEALTH** AND CREATOR OF **FIX-KNEE-PAIN.COM**, THE
ONLINE KNEE PAIN RESOURCE THAT HAS HELPED OVER 800,000 PEOPLE*



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About the Book

Beating Patellar Tendonitis will hand you a proven treatment formula to fix hidden causes of jumper's knee in your body so that you can go back to being active the way you love, with the strongest knees of your life.

The advice in this book is based on 3 years of self-experimentation through trial and error, hundreds of research studies published in academic journals, and the combined knowledge of thought leaders in the fitness industry.

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About The Author

Before we get started, I would like to thank you for buying this book on patellar tendonitis! The following paragraphs will shed some light on my history, why I decided to write this book, and what you can expect from it.

My name is Martin Koban and I'm a personal trainer from Germany. I've been playing basketball and volleyball for most of my life and after 15 years of enjoying these sports, I eventually developed knee pain. However, it wasn't until my brother tore his meniscus in 2009 during a warm-up for volleyball practice that I finally started to take knee health a lot more seriously.

I figured if such a serious knee injury could happen that easily to him, it could happen to me as well. I therefore began to spend a considerable amount of time reading about knee health in the years that followed.

In 2011, I started www.fix-knee-pain.com to provide a high quality website about knee pain to those looking for answers. At the time of this writing, the website has helped over 800,000 people.

Disappointed with the available books on the topic, I decided to write a book about knee health in 2012. That book, *Total Knee Health: A Radical Approach*, focuses on all the requirements for healthy knees, most of which are completely ignored by other books and by doctors.

The results readers achieved with the techniques described in *Total Knee Health* were exceptional and they are now being used by professional athletes and trainers from around the world. For example, I was invited to share this knowledge with the athletic trainers of the German National Volleyball Team.

I'm tremendously grateful for the opportunity to help so many people. However, I also realize that some questions about patellar tendonitis remained unanswered, which is why I wanted to address this topic with a separate book. This book will help you do two things: it will help you **get back into the game as quickly as possible** and it will help you make sure you **stay healthy**.

What You Can Expect From This Book

In this book, you will learn about the obvious and **hidden causes for patellar tendonitis**. The hidden causes are usually ignored by doctors, but they explain why jumper's knee reappears even after you've been pain-free for some time.

By fixing these hidden causes, you effectively reduce your risk for jumper's knee and you will be able to **prevent it from returning** in the future.

Once we've covered the theory, we'll dive right into the practical application. You will learn a number of exercises that science has proven to be effective for treating jumper's knee, and you'll be given a training program that will help you get your knees healthy again.

Let's get started!

Martin Koban, Berlin August 2013

Chapter 1: Important Fundamentals

This first chapter introduces three important topics that you need to know before you start treating your injury. We will talk about the red flags that clearly show you when you need to go see a doctor, briefly cover what patellar tendonitis is, and go over the symptoms of patellar tendonitis.

Do I Need to See a Doctor?

I received an interesting email from a reader of my email newsletter earlier this year. Apparently, she had suffered a knee injury a few days before and was now hoping that my exercise suggestions could help. I asked her about her pain and it turns out that she had swelling in her knee, could barely walk, and was unable to completely flex or extend the leg. I told her to go see a doctor as soon as possible, to which she merely responded “I guess I knew it all along.”

A few days later, I received another mail from her. It turns out she had a torn meniscus!

One great thing about the internet is that you can find information on almost everything. Do you want to know how to breakdance? The internet has you covered. Do you want to diagnose yourself based on some symptoms you have? It's not a problem. What is a problem, however, is that some people, like the lady with the torn meniscus, will try to deal with diseases on their own when they really should seek the help of a medical professional. Don't make that mistake!

Depending on the circumstances under which you first noticed the pain, either you will need to visit a doctor or you can wait and see if the condition improves. Some characteristics of knee pain that will require you to go see a professional:

- You cannot bear weight on the limb
- The knee looks deformed or swollen
- The pain is very severe, keeping you up at night

- The onset of the pain coincided with a fever
- The pain is not improving and is constantly noticeable
- The pain is very sharp
- You cannot fully flex or extend the knee

If you have suffered an acute injury to your knee, regardless of whether it was a contact injury (e.g., someone bumped into your knee) or a non-contact injury (e.g., you landed awkwardly from a jump), you need to have it taken care of by a professional.

If you get hurt during a competitive game, you might be inclined to continue playing out of ego or pride. In that situation, your adrenaline is up and you will not be able to feel most of the pain, meaning the pain will likely get (a lot) worse after the game, especially if you keep playing. Be this as it may, you are probably not a professional athlete. In that case, there's no coaching staff on site, and no medical expert in the locker room. You're also not getting paid millions to wreck your body. The question really is whether you want to **cut your losses and fight another day**, or whether you want to **gamble and risk not being able to play ever again**.

It may sound harsh, but that's the reality of recreational sports. I've known many recreational basketball players who kept playing with pain, never cared for proper recovery, and in the end had to stop playing because their bodies were too beat up to handle it anymore. Ten years down the road, they'll regret this decision, as they can't play with their kids.

In sports, chronic (knee) pain often develops because of a big ego. Make better choices now and you won't have to regret mistakes.

What is Patellar Tendonitis?

The three major bones that make up your knee are the thighbone, the shinbone, and the kneecap. When you extend your knee, your quadriceps, the group of muscles on the front of your thigh, start working. The quads attach to the top-part of your thighbone and your hip on one end and to the kneecap as well as the shinbone on the other end.

If you're contracting your quads, there will be a pull on your kneecap. The purpose of the kneecap is to increase the mechanical advantage of the quadriceps. The kneecap attaches to the shinbone via the patellar tendon and, as you can imagine, the patellar tendon has to be extremely tough to withstand the forces exerted on it through contractions of the quadriceps muscles.

To locate the patellar tendon, sit on a chair with your knee a little bent and relax your legs. Take the same side hand and gently press into the area below your kneecap with your fingers. Everything should be completely relaxed. Now, tense up your leg muscles. Your fingers will feel something tense up below your kneecap. This band of tissue that runs from your kneecap to your shinbone and relaxes when you relax your muscles is the patellar tendon.

Like every other tendon, the patellar tendon can be injured if it's overloaded. This overload can happen during one training session in which your patellar tendon was placed under loads that were cumulatively too high. It can also happen as a result of several training sessions between which you didn't provide your body with enough recovery time. Once overload happens you're dealing with patellar tendonitis, an acute overuse injury to the patellar tendon.

If the patellar tendon is aggravated further, the injury will slowly progress to a more chronic condition usually called tendinosis (N.B.: For the sake of simplicity, I mostly use the term "patellar tendonitis" or "Jumper's Knee" in this book. Another term you will find in the literature is tendinopathy, which is the umbrella term for injuries to tendons and includes both the acute and the chronic condition).

In other words, patellar tendonitis is the result of your patellar tendon not being strong enough for the demands of your sport. It's the equivalent of failing a test (i.e., playing your sport as a test on your body) because you didn't study enough (i.e., your patellar tendon wasn't strong enough for the test).

If you retake the test without having studied more (i.e., strengthened your patellar tendon), you're going to fail again. Fail a test enough times and you eventually fail school (i.e., the damage to the tendon becomes permanent).

Unfortunately, many athletes are so enthusiastic about their sport that they don't allow their body to heal the damage properly before they jump back into the game. With repeated tissue damage, cellular degradation sets in. The body is unable to repair the injured tissue and a painful chronic condition is created that will take at least three months to heal (Wilson, Best 2005; Khan et al. 1998, p. 348).

If you continue playing, your patellar tendon will continue breaking down, making it even weaker. This increases the risk of a patellar tendon tear, and increases the time ultimately needed to heal it, once you finally decide to take action. To get healthy, you need to stop participating in your sport, go through a progressive strengthening regimen for your patellar tendon, and fix biomechanical mistakes that contributed to the tendon becoming overloaded. The following chapters will help you do just that and give you the information you need to **stay pain-free for life**.

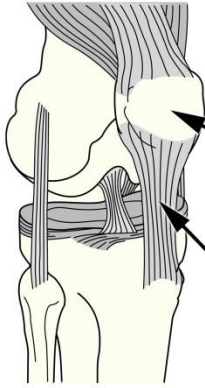
The Symptoms of Jumper's Knee

The symptoms for patellar tendonitis are pain on the side of, in front of, below, or even behind the kneecap. However, most commonly the pain will reside below the kneecap, where the patellar tendon attaches to the kneecap. Additionally, you may feel tenderness below the kneecap and in the area of the bony protrusion right below. Sometimes the patellar tendon is swollen.

If you have pain in the back of your knee or on the side of your knee, you are likely dealing with a different knee injury. Consult an experienced medical professional to make sure you're not treating the wrong injury.

In patellar tendonitis, pain usually gets worse with activities where energy is stored in the tendon and released more explosively. Such activities include running, climbing stairs, walking downhill and – of course – jumping. Another activity that can worsen the pain is squatting.

Depending on which stage of the injury you are in, the severity of the symptoms will be different. In the early stages, you only feel discomfort after activities that stress your knees. Once the injury has progressed, you may feel pain during the day, which worsens after activities that stress your knees. Additionally, there may be morning stiffness and swelling of the patellar tendon.



Kneecap
Patellar Tendon



Chapter 2: Tendon Injuries Explained

In this chapter, we will first investigate how tendons are injured and then use that knowledge to understand how your patellar tendon can break down. Next, we will talk about how much treatment time you can expect.

How Tendon Injuries Occur

Tendons connect muscles to joints, thereby allowing us to move our skeleton through muscle contractions. Tendons consist of collagen fibers, which can withstand impressive forces because of their high tensile strength (Kannus 2000). Tensile strength is the maximum force a material can be subjected to before breaking. Additionally, collagen fibers are like small rubber bands since they can store elastic energy.

Like most tissues of the human body, tendons grow stronger to meet the demands we place upon them (Reeves et al. 2003). The problem is that tendons and ligaments are slow to adapt. Muscle function adapts much faster to a training stimulus, which allows us to exert forces on our tendons that can exceed their capacity for load (Kubo et al. 2010).

If we progress slowly in our training, giving our tendons enough time to “catch up” with our improved muscle function and increased force output, we can prevent tendon injuries from happening. However, the competitive nature of sports and the fact that many of us simply enjoy movement makes curbing the enthusiasm for fast progress and a high level of activity difficult.

A contributing problem is that once you feel pain, tendon damage is already substantial (Khan et al. 1998, p. 351). In other words, just because you're not in pain, doesn't mean your patellar tendon has not degenerated to some degree. Hence, pain is only a delayed indicator of whether an activity is safe to perform or not. This is also demonstrated by the fact that Achilles tendon ruptures often occur without any warning; the tendon becomes weak due to degeneration without being painful.

The Pathology Continuum of Tendon Injuries

The research on patellar tendonitis predominantly distinguishes between injury stages based on when you feel the pain, or whether the pain is limiting your performance (Rutland et al. 2010). However, these models leave several important questions unanswered, particularly when it comes to the best way of treating patellar tendonitis, which is why I prefer a newer model.

At the time of writing, a recently proposed tendinopathy continuum model by Dr. Jill Cook (Monash University, Australia) seems best suited to explain the changes inside a tendon caused by overload. This model distinguishes between four stages of tendon health based on the actual cellular changes within the tendon: a normal tendon, reactive tendinopathy, tendon dysrepair, and degenerative tendinopathy (Cook, Purdam 2009, p. 409).

Please note that not all parts of the tendon progress through these stages at the same speed. Parts of the tendon may still be healthy while other parts have already advanced into stages of injury.

Let's look at the three injury stages in a bit more detail and then talk about how you can use these findings to determine the best treatment option for your particular case of patellar tendonitis.

Reactive Tendinopathy: The Minimally Injured Tendon

A tendon progresses from the normal stage to reactive tendinopathy when it has been exposed to excessive loads without allowing adequate time for recovery. This stage is called reactive tendinopathy because the cells of the tendon have become reactive in an effort to repair damage done to the tendon.

Imagine you usually play your sport, say volleyball or basketball, twice per week for one hour. Your knees are completely fine with that load, as the training schedule allows adequate time for recovery and the training volume is not excessive.

However, over the weekend your team participates in a tournament that lasts from 10 AM in the morning to 6 PM in the evening. You may end up playing four or more hours during the tournament and, while your muscles have enough time to recover between games, your patellar tendon can't keep

up. At the end of the tournament, you've placed excessive cumulative load on it and forced your tendon into the reactive tendinopathy stage.

In reactive tendinopathy your tendon thickens somewhat. This is the body's stop-gap solution to deal with the excessive stress until a more permanent adaptation can take place. Tendon cells change their shape to increase protein production, and more water is bound in the tendon. The integrity of the collagen fibers in your tendon doesn't change and the tendon can return to the normal stage if the load is reduced appropriately (Cook, Purdam 2009, p. 410).

Since the collagen alignment doesn't change, the tensile strength of the tendon doesn't decrease. Therefore, you can keep playing without a drop in performance, although your tendon might be a bit achy after the game.

By the way, a blow to your tendon can also lead to reactive tendinopathy because such trauma results in the same tendon response (Garau et al. 2008, p. 1616). Additionally, if you've taken considerable time off from training and return to your previous training volume too quickly, you can end up with reactive tendinopathy. This is because your tendon has grown weaker during the time off from training since no loads were placed on it (Yamamoto et al. 1999).

Tendon Dysrepair: You've Abused the Tendon More Than Once

The tendon progresses from reactive tendinopathy to tendon dysrepair, the second injury stage, if the load wasn't reduced adequately or if not enough time for recovery was allowed after the initial overload occurred.

Returning to the example of the weekend tournament, imagine you wake up on Monday and one of your patellar tendons is a bit achy. Your usual training schedule calls for sessions on Monday and Thursday, and you don't want to miss either of them. You decide to ignore your achy knee and play regardless. Maybe you even take some medication to deal with the pain.

Unfortunately, your tendon hasn't recovered from the weekend tournament yet, and the continued jumping and running will damage it further. You stay on your training schedule for weeks even though your tendon is still achy.

Inside the tendon, the number of tendon cells has increased, just like the

protein production. The collagen has started to become disorganized and, as result, tensile strength has decreased. At this stage, the tendon is more susceptible to overload and the level of activity that will do damage to it is lower than in a healthy tendon (Khan et al. 1998, p. 348). In other words, the level of activity that wasn't a problem before the tournament now places too much stress on your tendon.

Depending on how deep you've progressed into this stage, your tendon can still be healed if you stick to an intelligent exercise regime and stop all activities that overload your tendon. Recovery will take longer and has to be approached carefully however.

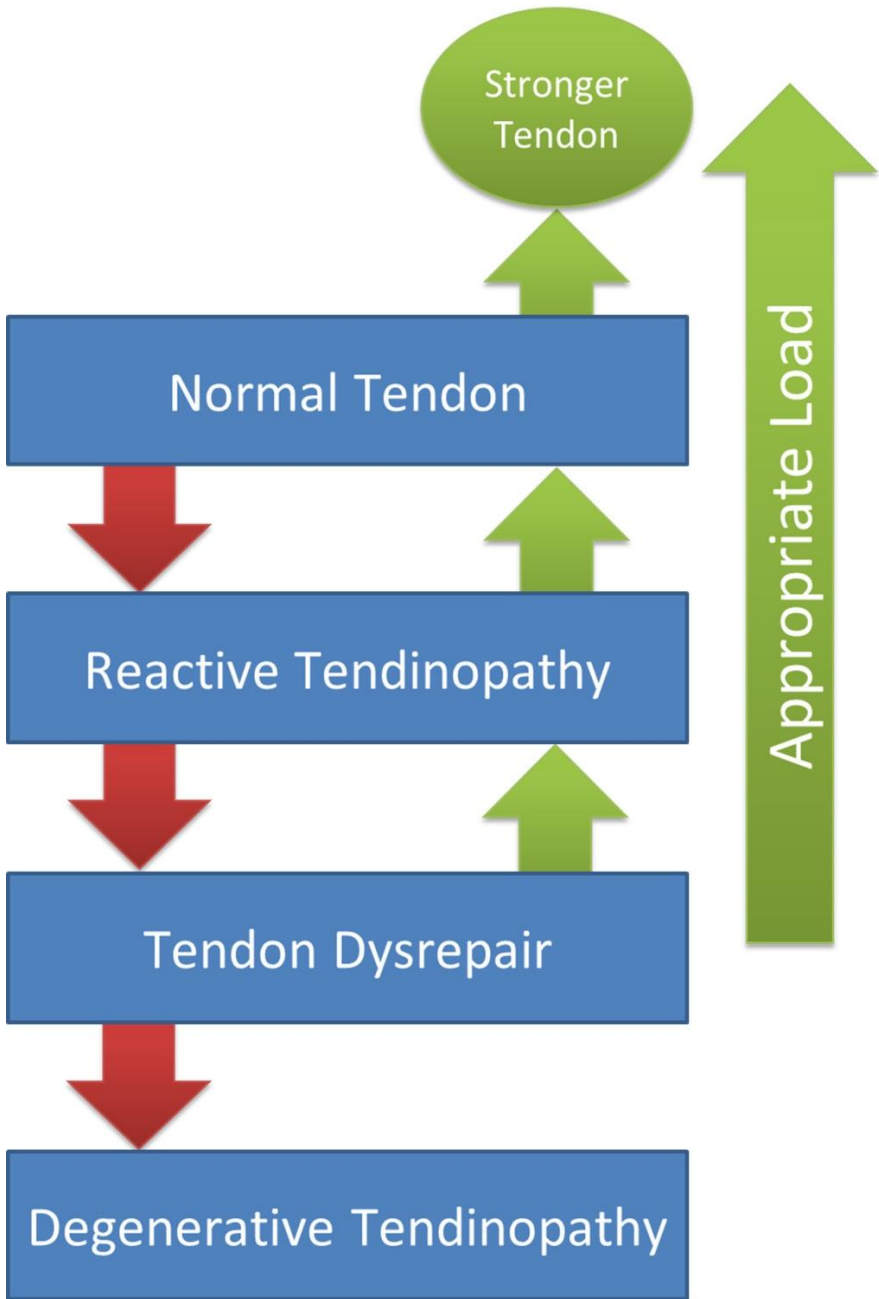
Degenerative Tendinopathy: Your Tendon Slowly Dies

If you keep overstressing your tendon, the injury will progress into the degenerative stage. Cells within the tendon have already died and continue to die. Collagen fiber alignment is chaotic. The tendon's ability to heal is severely compromised and the tensile strength has dropped considerably. Overload may now lead to tendon rupture.

You will reach this stage if you continue to play through pain. For example, say you keep playing on your schedule in spite of the achiness in your knee. A new tournament comes up and even though you have doubts about whether you should participate, you don't want to leave your team hanging. Let's face it: they don't stand much of a chance without you. After the tournament, the pain got worse, but you, being as tough as nails, still stay on your weekly training schedule.

This cycle continues for months and the pain gets a little worse with each passing week. A few months and another couple of tournaments down the road, your knee hurts all the time. Normal daily activities like sitting or walking down stairs cause pain. You finally take time off from training.

The following figure illustrates the progression through the individual stages of health. I adapted it from Dr. Cook's research paper on the tendinopathy continuum (Cook, Purdam 2009, p. 410).



Stage-Based Treatment of Tendinopathy

It is difficult to determine which exact stage of tendinopathy an injured tendon is in, especially since parts of the tendon can be in different stages and the only evident symptom is pain, which can occur in all stages. For this reason, Cook suggests dividing the injury continuum into reactive tendinopathy/early tendon dysrepair and late tendon dysrepair/degenerative tendinopathy (Cook, Purdam 2009, p. 415).

This simplification makes sense since early in the injury stage parts of the tendon will be in the reactive phase, whereas other parts might already be in early tendon dysrepair. Once the injury progresses and most parts of the tendon are in dysrepair, some parts will already be in degenerative tendinopathy.

Let's look at the best treatments for each stage and then talk about how much treatment time you can expect.

Treatment for Reactive Tendinopathy and Early Tendon Dysrepair

In this stage, the tendon is still able to heal itself. There is no need for exercises like eccentric squats that specifically target the tendon. All you need to do is to reduce the load to appropriate levels and to allow adequate time for recovery. This will lead to your tendon cells becoming less reactive and pain will be reduced as well (Cook, Purdam 2009, p. 413).

One way you can determine whether you're in this phase (other than diagnostic imaging) is by remembering the first time you had pain or discomfort in your tendon. If it was no more than a few weeks in the past, you very likely are in this stage.

Going back to the earlier example, you could take a week off from training and only do technique drills for the two weeks that follow. Slowly return to your previous schedule once your pain is gone. You need to monitor your condition. Whenever an exercise increases your pain, meaning you have more pain a few hours after the exercise than you had before, you need to modify that exercise. To do that, train for a shorter amount of time or do less intense exercises.

For example, the first time you train again after your week off you should

take it easy and reduce the training time during which you stress your knees, let's say to 20 minutes. For the remaining time of your training, you can do technique drills that don't overload your knees. Increase the length of the part of the training during which you stress your knees by 10% each week. Hence, you'd do 22 minutes in the second week, 32 minutes in the fifth week, and so on. After 12 weeks, you're back at 60 minutes of intense movement per session.

When you're in this stage, allow at least two or three days for recovery between sessions that stress your knees. If you want to practice your sport more often, limit your training to practicing the technique without placing load on your knees.

In addition to modifying your training load, you need to fix all factors that contribute to patellar tendonitis. These factors determine how much load your patellar tendon has to handle during athletic movements, and you can considerably reduce your risk of patellar tendon overload by addressing them. You will learn more about these critically important factors in the following chapters.

For many athletes, fixing these factors alone can be the difference between staying healthy and developing jumper's knee.

Treatment for Late Tendon Dysrepair and Degenerative

Tendinopathy

In this stage, the tendon is no longer fully able to heal itself. You need to implement exercises that specifically target the tendon and trigger collagen formation (Cook, Purdam 2009, p. 413). In addition, you need refrain from all unnecessary exercises that cause increased pain in your tendon.

You're in this stage if you kept playing at a high intensity level for months after the initial onset of discomfort in your knee. The exact amount of time it takes depends on the weekly exposure to overload. An athlete that trains through pain four times per week will obviously progress faster than someone who "only" trains through pain twice per week.

Another indicator that you're in this stage is if you've had tendon pain several times in the past. Back then, the pain resolved but then reoccurred once you resumed your training (Cook, Purdam 2009, p. 411). This is

because your tendon is already weakened and its tensile strength has decreased because the collagen alignment is disorganized. The weakened tendon cannot handle normal training loads, which is why training leads to a return of pain.

In this stage, the tendon will not heal on its own. You will need to do certain exercises to restart the healing process. We will talk about these exercises in a later chapter.

Please don't forget that tendon degeneration can also occur without pain. For example, one study found that two-thirds of tendons that were degenerated enough to rupture were pain-free (Kannus, Józsa 1991). However, since you're likely reading this book because you are in pain, you can use the onset of pain or discomfort to tell how far you've progressed in the tendinopathy continuum.

Is There Inflammation?

Initially, tendonitis was believed to be an inflammatory response of the body to the overload of the tendon, which is why the disease carries the suffix “-itis” in its name. However, as scientific methods progressed, tendonitis was found to be mostly void of inflammation.

Dr. Jill Cook points out that tendonitis is an activated cell response, not an inflammatory response. In the initial phase of the disease, reactive tendinopathy, taking anti-inflammatories such as NSAIDs and corticosteroids can be beneficial. However, this isn't because of their anti-inflammatory properties per se, but because they inhibit the cell response of the reactive cells to a certain degree. Since in the advanced stages of tendinopathy you want your tendon cells to be reactive, these treatment options are not recommended.

Cook concludes her paper on the tendinopathy continuum by pointing out that there may be “some form of inflammation” in tendinopathy, but the finer details are unclear (Cook, Purdam 2009, p. 415). So far, no ultimate consensus has been reached about the exact role of inflammation in tendinopathy (Rees et al. 2013).

How Much Treatment Time Will it Take?

Giving a time estimate on how long treatment will take is difficult (Cook, Purdam 2009, p. 415), but in research studies pain noticeably improved in the first 3 to 4 weeks and most studies ran for 12 weeks (Rutland et al. 2010).

Treatment time depends on how far you've progressed in the injury stages. Athletes in the reactive tendinopathy/early dysrepair stage will likely be back on the court within 4 to 8 weeks. In contrast, athletes who have let their injury progress into the advanced stages are looking at three or more months of treatment.

Treatment of patellar tendonitis is a slow process. You're moving upward in the tendinopathy continuum, slowly allowing all parts of your tendon to recover from the dysrepair stage, to the reactive tendinopathy stage, until they are finally at the normal stage again. How much time this takes strongly depends on how severely your tendons are injured.

Additionally, even once your tendons are in the normal stage of the injury continuum, they might still be too weak for your particular sport. If your tendons are pain-free, but pain returns once you take up your sport again, you know that you need to strengthen them further. You can do this with the tendon strengthening exercises in this book, or you can scale your sporting activity down to a level at which your pain does not return.

A later chapter will explain how you can keep playing your sport in spite of jumper's knee.

In summary, if you just want to get rid of the pain, four to eight weeks of strengthening your knees is likely all you need. If you want your knees to be strong enough to handle a 40-inch vertical leap, you might have to continue the tendon strengthening for much longer.

Lastly, the question about treatment time always implies a certain sense of urgency. I understand that sense of urgency, as I myself have played basketball competitively, albeit in a minor league.

Sports are fun and you don't want to let your teammates hang. In the end, however, it boils down to one simple question: are you a recreational athlete or a pro-athlete? That is, do you compete just for fun or are you being paid

to compete?

At first glance, you might not agree with the importance of that distinction, after all, pros play the very same game as recreational athletes, so what's the difference?

The difference is that a pro-athlete puts his body at risk because he is being paid to entertain people. The harsh reality is that professional athletes are the modern day gladiators. They make a living because we enjoy watching them do what they do. The fewer people enjoy watching a particular sport, the less money is in it. Sure, many pro-athletes love their sport, but let's be honest here, how many of them would be spending 8 hours a day training if they weren't being paid to do so?

Since pro-athletes are a significant financial investment for their particular teams, there's a need to provide the athlete with the best care possible. They have a highly qualified athletic staff on hand and they have dialed their nutrition in to support their health as best as possible.

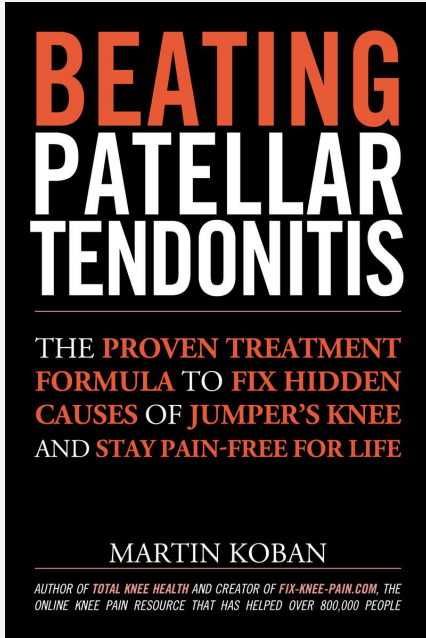
The recreational athlete, on the other hand, plays sports for fun and maybe because he wants to stay in shape. Staying in shape requires you to stay healthy and staying healthy requires you not to be injured because of dumb mistakes. These mistakes can be an extra set in the weight room after you felt like you should stop, or an extra 30 minutes on the court after you felt that you were already too tired to compete.

Risking injury defeats the purpose of recreational sports, because an injury isn't fun and it's not good for your health either.

Since you're reading this book, you're probably better than most of your competition anyway, simply because you put time into educating yourself to become a better athlete. There's no need to risk your potential by being sucked into some ego-driven competition, or by trying to recover too quickly from an injury.

Play it safe today and people may call you lame, but a few months down the road, you'll kick their asses. Remember that only slow and steady wins the game when it comes to recovering from patellar tendonitis.

Let's now talk about the causes for jumper's knee.



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About the Book

Beating Patellar Tendonitis will hand you a proven treatment formula to fix hidden causes of jumper's knee in your body so that you can go back to being active the way you love, with the strongest knees of your life.

The advice in this book is based on 3 years of self-experimentation through trial and error, hundreds of research studies published in academic journals, and the combined knowledge of thought leaders in the fitness industry.