

## Rehab and Return to Run with Knee Arthritis

MEGAN ERLANDSON, PT, DPT, OCS  
ALLINA HEALTH ORTHOPEDICS



DECEMBER 1, 2023

1

## OBJECTIVES

Upon completion of this lecture, participants should be able to:

1. Understand prevalence of osteoarthritis in older runners
2. Identify appropriate training volume and intensity for masters runners
3. Describe the unique rehabilitation needs of masters runners
4. Develop a basic training plan for a runner with osteoarthritis

2

How large is this  
population?

3

## Who Runs?

- 1.1 million marathon participants globally in 2019
- 5K – Marathon participation has increased in runners >40 years old
- Increasing age of marathon finishers since 1986

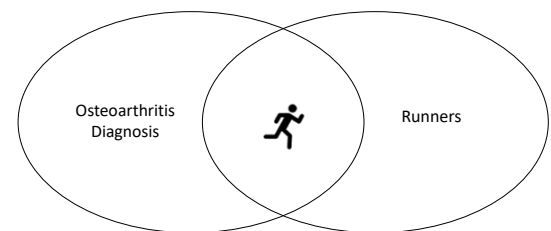
1,2,3,4

4

## Who Has Arthritis?

Symptomatic OA: Estimated 26% of US adults >45 years old  
Radiographically Confirmed OA: Greater than 10% of those >60 years old

5



6

6

Is running a  
good exercise  
option as we  
age?

7

## Is Running a Risk Factor for Knee OA?

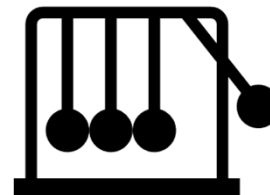
- U shaped dose response
- Higher Risk
  - Long history of high intensity or high-volume training
  - Non-Runners
- Lower Risk
  - Recreational runners
  - Moderate volume and intensity

1,7,8,9

8

What do Runners  
Need?

9



Energy  
Release  
and  
Storage

11

10

## What do Runners Need?



MOBILITY



STRENGTH



POWER



STABILITY



ENDURANCE

11

11

What is  
different about  
older runners?

12

## Differences in Running Mechanics for Masters Runners

- Higher cadence
- Reduced step length
- Decreased ankle, knee, hip excursion
- Decreased vertical oscillation
- Decreased peak propulsive and vertical ground reaction forces
- Decreased plantarflexor muscle mass, cross-sectional area, rate of force production, and tendon stiffness
- Decreased leg and ankle stiffness

7

13

## Differences in Injury Profile for Masters Runners

- Increased musculotendinous injuries
  - Hamstrings
  - Plantarflexors
  - Achilles
- Higher incidence of Achilles tendinopathy

7

14

## What Do Masters Runners Need?

- Plantarflexor strengthening program
- Slow, heavy resistance training – At least 6 months
  - Plantarflexors
  - Quads
  - Gluteals
  - Hips
- Plyometrics
- Consider addition of cross training to replace some runs

7

15

How Do We  
Apply This to  
Runners With  
Knee  
Osteoarthritis

Symptoms?

Pain Level?

Training Level?

Mileage?

Intensity?

16

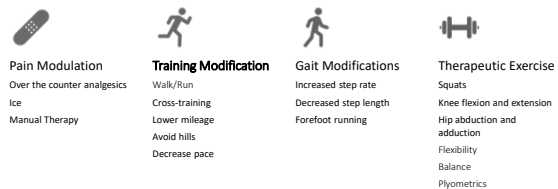
## Acute Phase: Reduce Inflammation and Pain



3

17

## Recovery Phase: Restore/Improve Function



3

18

## Functional/Return to Sport



### Gait Modifications

Continue to monitor gait  
Allow patient to return to  
reasonable preferred gait pattern



### Training Progression

Maintain mileage at stable  
symptomatic level  
Progress mileage by <10%  
Encourage cross-training for some  
aerobic benefit



### Therapeutic Exercise

Continue with strength, mobility,  
and balance  
Plyometrics

3

19

## Take Aways

Treating runners with knee osteoarthritis isn't that different from other runners  
Consider differences in injury profiles of older runners  
Consider limiting weekly mileage more than for younger runners  
Help the patient devise a plan for progression and a plan for monitoring symptoms

For many, running is a safe option  
Runners are going to run!

20

## BIBLIOGRAPHY/LECTURE REFERENCES

1. Herrick MJ, Tynessworth R, Choung C, Tarr MA, Tarr VM. Does Running Increase the Risk of Hip and Knee Arthritis? A Survey of 1004 Marathon Runners. *Sports Health: A Multidisciplinary Approach*. Published online August 6, 2021. doi:10.1177/1941732121100670
2. Borge LA, Knapik CS, Willett JC. Reduced Participation and Decreased Performance in Recreational Master Athletes in "Belted Marathon" 1974-2019. *Frontiers in Physiology*. 2021;12:13.
3. Leath B, Saperstein A, Mahan W. Conservative Management and Rehabilitation in the Older Runner with Knee Osteoarthritis. *American Journal of Physical Medicine & Rehabilitation*. 2019;98(3):410-421. doi:10.1097/PHM.0000000000000202
4. Anderson H. The State of Running 2019. *RunRepeat*. Published September 21, 2021. Accessed September 19, 2021. <https://www.runrepeat.com/state-of-running>
5. American Academy of Orthopaedic Surgeons. Management of Osteoarthritis of the Knee (Non-Arthroplasty) Evidence-Based Clinical Practice Guidelines. Published August 28, 2021. <http://www.aaos.org/aaos/aaos.asp>
6. Parnianpour M, Patel R, et al. Low Prevalence of Hip and Knee Arthritis in Active Marathon Runners. *Journal of Bone and Joint Surgery*. 2019;101(2):133-137. doi:10.1097/JBJS.0000000000000622
7. Willett JC, Saperstein A, Mahan W. The Physiology and Rehabilitation of the Master Runner. *Sports Medicine and Arthroscopy Review*. 2019;27(1):15-22. doi:10.1097/JSM.0000000000000022
8. Mahan W, Saperstein A, Willett JC, Saperstein A. The Association of Recreational and Competitive Running with Hip and Knee Osteoarthritis: A Systematic Review and Meta-analysis. *The Journal of Orthopaedic and Sports Physical Therapy*. 2019;49(10):615-625. doi:10.1519/JPT.0000000000000399
9. Willett JC, Saperstein A, Mahan W, et al. Effects of Running on the Development of Knee Osteoarthritis: an Updated Systematic Review at Short-Term Follow-up. *American Orthopaedic Society for Sports Medicine*. 2019;49(10):615-625. doi:10.1519/JPT.0000000000000399
10. Willett JC, Saperstein A, Mahan W, et al. Effects of Running on the Development of Knee Osteoarthritis: an Updated Systematic Review at Short-Term Follow-up. *American Orthopaedic Society for Sports Medicine*. 2019;49(10):615-625. doi:10.1519/JPT.0000000000000399
11. Nussli TH, Iverson DE. The Anatomy and Biomechanics of Running. *Chiropr in Sports Medicine*. 2012;1(2):147-201. doi:10.1016/j.chsm.2011.10.001
12. Tamasian KA, Leach RE, Bart MR, Edwards KL. Running and Knee Osteoarthritis: A Systematic Review and Meta-analysis. *The American Journal of Sports Medicine*. 2016;44(5):1447-1457. doi:10.1177/0361348116658753
13. Leach RE, Tamasian KA, Bart MR, et al. Running Does Not Increase Symptoms or Structural Progression in People with Knee Osteoarthritis: Data from the Osteoarthritis Initiative. *Clinical Rheumatology*. 2018;37(5):2497-2506. doi:10.1007/s00381-017-1000-0

21

## TO CONTACT ME

Email: [megan.erlandson@allina.com](mailto:megan.erlandson@allina.com)



22