# Golf Knee Pain? Fix Kneecap Pain FAST Transcript

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## Introduction to Golfer's Knee Pain

You're on the fourth tee. It's a beautiful morning. The birds are chirping away. You address the ball, you swing, and you rotate through. And then right there, right underneath your kneecap, that grinding, aching pressure comes back.

Dull, nagging throb that tells you that something is wrong, and now it's getting harder to pretend that it isn't. If you're a competitive golfer in your 40s, 50s or 60s and that feeling is all too familiar, stay with me right here.

Because in the next 15 minutes or so, I'm going to tell you exactly why your kneecap hurts, what's actually driving it, And most importantly, What you can do about it.

And that all starts today. My name is Dr. Gaian Pouvento. Over the last 15 years, I have helped thousands of golfers eliminate their knee pain without having to resort to invasive surgery.

I personally specialize in sports medicine and regenerative medicine treatments, and most of my patients, they've come to me because they already tried everything else and they got nowhere.

And I also golf myself. Im the guy that you probably know who hits one or two absolutely pure drives. And then I spend the rest of the round playing what my playing partners call army golf.

Does that sound familiar? You know, right out of bounds, left out bounds and left again, then right again and march back and forth. So when I say that I understand the frustration of something getting in the way of your golf game, trust me, I mean that on multiple levels.

## Patient Story and Patellofemoral Syndrome

Now some quick and important housekeeping. Everything that i'm presenting today in this video is general medical education. It is not meant to be personal medical advice and it does not replace a proper evaluation by your physician.

What this will be, though, is real, evidence-informed explanations of the most common problems with knee pain and golfers, and what most dockers simply don't have the time, or don' take the, time to give you.

Are you ready? Let's get into it. Let me start with a patient story. So this is a friend of mine. His name is David. He is 54 years old. he is 12 handicapped.

A very successful attorney. The kind of man who has spent his entire professional life being excellent at things. Not just good, excellent. And he doesn't handle, I don't know as an answer, particularly well.

He came to me after seeing two other physicians. One told him, this sounds like arthritis and here's a pamphlet on it and go read up about it. And then the second one, because he was really itching to get something done about, it gave him a cortisone shot.

Then they sent him home. Neither one of them asked him single question about his golf swing. That was his main complaint. It hurts when I golf. Now David's pain was right underneath his kneecap.

It was worse when he walked downstairs. it was worst after sitting in the cart for a while. It was getting progressively worse by the back nine. By hole 15 and 16 he was protecting that knee without even realizing it.

His trail leg stopped driving through, his follow through ended up shortening and somewhere on the back nine he

started losing about 15 yards off the tee every single round and he had no idea why.

Now what David had is something called patellofemoral syndrome. That is a clinical term for this. Your kneecap isn't tracking correctly and every time you bend or straighten your knee it is grinding against the wrong part of the joint.

Here's what's actually happening, and this is the part that most people get completely wrong. Your kneecap, or your patella, sits in a groove at the bottom of your thigh bone.

Can you see this here? It's like a train on a track. When everything is balanced and working properly, that train glides smoothly up and down every single time.

But when your muscles around your knee and your hips start to become weak or unbalanced or tight, that kneecap starts getting pulled off its track. So instead of gliding, it grinds.

## Why the Kneecap Grinds During the Golf Swing

And this happens round after round, after around. Think of it like the grooves on your wedge, right? So when they're clean and sharp, the ball does exactly what you intended to do.

But when there are worn out or they are misaligned, you start to lose control on the shots that matter. Your kneecap is no different. And the golf swing, unfortunately, is one of the most punishing tests of patellofemoral mechanics that exists in sports.

Now here's why, the golf swing, remember, is a full body rotational movement that puts enormous repeated load on both knees. Your trail knee flexes and loads at the top of the backswing, your lead knee, this is the one that takes the real punishment.

It absorbs the full rotational force of your body as you drive through impact. So if your hip muscles are weak or your quad muscles or imbalanced or if you're IT band is tight, that knee cap gets dragged sideways on every single swing.

80 swings a round. However many rounds a month that you get to play, this isn't bad luck. It's a mechanical problem that compounds every single time you play.

Now, before we get too far, here's few red flags that mean that need to see a doctor now, not later. If you have swelling that doesn't resolve or pain that wakes you up at night or a knee that locks or catches or gives way, or if you pain is steadily getting worse despite appropriate rest, those are not patellofemoral pain.

That is not kneecap pain, Those need a proper workup and probably immediately. So now that I have your attention, here's the good news. Kneecap pain in golfers responds extremely well to a targeted specific intervention.

Lucky for all of us, this is not a, you need to stop playing golf situation. This is a you-need-to-fix-the-mechanical-problem situation, and I'm gonna give you a game plan that's for real, not just a pamphlet.

So fix number one is strengthen this muscle called the VMO. The V-M-O stands for Vastus Medialis Obliques. It is a teardrop muscle on the inside of your thigh that lies just above your kneecap.

This is the single most important muscle in whether your knecap tracks correctly. In the vast majority of golfers I see with this problem, the VMO is weak.

And it's not because they're out of shape. Many of my patients are very fit athletic professionals who like to work out and be active. But the problem is your VM is chronically under loaded in everyday movement.

## Warning Signs That Need Medical Evaluation

When it is week, your outer quad muscles, ones on the outside, they win the tug of war of your kneecap. That knee cap, again, gets pulled sideways. That's the grinding that you feel.

There's a fix for this though, which is great. It's terminal knee extensions with a resistance band. So what you're going to do is you are going anchor a resistant band at knee height.

there's link in the description below of the band that I recommend using and the one that i use. What you do, is loop it behind your slightly bent knee and then you straighten your leg against the resistance.

As you're squeezing, squeeze that inner quad muscle as hard as you can at the end of the range.

## VMO Strengthening Exercise

That is your VMO firing. Do three sets of this for 15 reps, but do this daily. It is very simple, it is VERY unsexy, BUT it's absolutely effective. Fix number two is train your hips.

This is the fix that most golfers never hear about because we're always too focused on just the knee, but it might be just as important as the VMO. Weak hip abductors and external rotators, those are the muscles that bring your hip away or your leg away from your body or rotate outwards from the middle of your buddy.

Those end up causing your knee to collapse inwards during your swing. When your knees collapse inward, your knecap gets dragged off track on every single rotation.

so your hip weakness ends up showing up as your knee pain. There are two exercises that we can do to address this. Number one is clam shells. You put that resistance band around your knees, lying together on your side with your feet together.

Open that top knee against the resistance like you're trying to open a clam shell or like, you see a clams opening. Do three sets of 15 of this and you should start to feel it deep in your hips.

We should not feel in the knee. Exactly, in you hip, not your Exercise number two is lateral band walks. Now you put your exercise band right above your knees or around your ankles, you get into a slight squat or athletic position, and then you're going to sidestep from side to side.

Do two sets of 20 steps in each direction.

## Hip Strength and Band Exercises

This is the same band that I'm talking about using for all of these other exercises. There's a link in the description. If you do six weeks of these three exercises consistently, you will feel a difference.

Not because I'm making guarantees, but it's because we're actually addressing the mechanism and one of the root causes of this kneecap dysfunction. Fix number three is your warmup is probably costing you.

Be honest. How many of you walk straight from the parking lot to the first seat? Maybe stop at the range and hit eight drivers to try to find something for today?

No warm-up, no mobility work, just straight to full rotational loading. Bad news, cold muscles don't stabilize joints. A cold, unfired BMO means that your kneecap starts the round already losing.

Please, five minutes before you tee off. That's the investment I'm asking for. Five minutes, do some standing quad stretches. Do some hip circles. do 10 slow body weight squats, and then do ten terminal knee extensions with that

exercise band.

I am hoping you're carrying it around with you. You don't need to look like you are doing a full gym session. you just need wake up the right muscles right before asking them to work at full intensity.

Now this single habit has changed the back nine experience for more of my patients than almost any other intervention that I can recommend. Number four is fix your swing mechanics.

Here is something that doesn't come up enough. Swing mechanics and knee campaign are directly connected. There are three patterns that we see consistently.

Early knee extension, limited hip turn, and excessive knee valgus at impact. Now that last one, what that means is that your knee is caving in as you drive through the ball.

So if you're compensating for restricted hip mobility by asking your need to absorb rotation that it was never designed to handle, no amount of exercise will fully solve this problem.

You are recreating the mechanism 80 times per round.

## Warm-Up Routine Before Tee Off

What do you do? Get a swing analysis with a coach who understands the physical side of the game, not just the technical side. If there's a movement restriction that is driving that pattern, that's something that needs to be identified and addressed.

The swing is the source, the knee is just where the bill arrives. Now let's talk about the bigger picture, because everything I just shared is real, it works, and it's always, always the foundation.

But some of you that are watching this have been doing the right things for months or maybe even for years. You've done the physical therapy, you've had the injection, and then the pain came back.

So I want to speak to you directly because that experience doesn't mean that you're out of options. It usually just means that no one has addressed the underlying biology.

Here's how I think about the treatment spectrum. Level one is mechanics. It is strength, it's mobility, everything that I just covered. That is always the foundation, that is the root of everything.

No treatment in the world holds long-term if that movement pattern that created the problem is still there.

## Swing Mechanics and Knee Valgus

Level two is targeted conservative care. This is specific, diagnosis-driven physical therapy. this includes manual therapy and maybe even strategic bracing when appropriate.

This is not just some generic, do some squats. This focus structured rehab based on your actual deficit. Now I can hear some of you out there saying that I've done therapy and it didn't do anything.

But if you've only had the generic version, you haven't really had real level two yet. There are therapists out that are really keyed in and honed into what your problem is.

And those are the people that you need to be working with. Level 3 is where it gets a little bit more sophisticated. If there is underlying cartilage stress, if there's chronic inflammation that isn't resolving, or there are early degenerative changes in the joint, there're biological tools that work with your body's own healing capacity, and these help address that at the source.

In the future, I will dedicate full videos to these individually because I think each one deserves a real explanation. So the short version is this though.

These are autologous treatments, meaning that we use material from your own body to reduce the inflammatory environment, help support tissue repair, and also restore the biological conditions that allow healing to happen.

And here's the important part.

## Treatment Options Beyond Basic Rehab

This is not just to mask pain. this is to actually address what's driving it. Who is the right candidate? Someone who has genuinely committed to the conservative approach, they are not responding the way they should, and they want to stay active, not just manage their symptoms.

Someone, who understands that their joint health is an investment, is investment in the next 20 years of competitive golf, in ski trips, hiking trails, keeping up with people half their age, it's for people who are serious and not wanting to have a conversation about knee replacement when they're 68. Who isn't the right candidate?

Well, it's someone with severe end stage joint destruction who genuinely needs a structural solution. Now, I'll always be honest about that because the right answer for you matters more to me than any procedure.

So here's what I want you to understand. There is an enormous amount of space between take ibuprofen and rest and read this pamphlet and it is time to schedule a knee replacement.

Most people live in that space. We like to call that the orthopedic treatment gap. And that space is full of options that most physicians don't have the time, the training, or the inclination to explain properly.

And THAT is exactly why this channel exists. Alright, that was a lot. So let's bring it home. Your kneecap pain is not a mystery. It is a tracking problem.

It's caused by specific addressable muscle imbalances and movement patterns that the golf swing exposes and accelerates over the years. The good news, though, is that you have more control of this than you've been told.

And here's what I want you to walk away with today. Number one, the VMO is the key. Terminal knee extensions with a resistance band daily. Link in the description below.

Number two, your hips are controlling your knee. Clamshells, lateral band walks, three to four times a week. The same band. Three, warm up before your round.

Five minutes, non-negotiable. And number four, if your swing mechanics are creating the problem, no exercise program will fully fix it.

## Key Takeaways and Next Steps

So please go get a movement screen. Number five, If you've done the work and you're still not improving, there is a biological reason. and the biological solution for that exists.

Do not settle for just managing. You don't have to. If this video gave you one clear thing to try this week, please subscribe. Subscribe to my channel, that's it.

That's all I'm really asking for. What I am trying to do is I try to build this channel to be the most genuinely useful place on the internet for golfers who want to understand their bodies, protect their game, and continue to compete at a high level for as long as possible.

Every week, I will give you real information. No fluff, no generic advice, just ice it and rest it. The next step is yours.

Either start those exercises today.

Seriously, today, not after your next round, or reach out to me if you want to talk about what makes sense for your specific situation. I'm Dr. Gayan Puvendran, and I hope to see you pain-free on the fairway.