The Real Reason Golfers Get Knee Pain in the Short Game Transcript

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Introduction and Knee Pain Warning

You just striped a drive 250 yards down the middle. You're standing there 90 yards to go. you've hit this shot a thousand times and then your knee locks.

Not the sharp pain of an injury just that dull insistent ache that says I am NOT gonna let you finish this round the way you started it. So you walk it off you say nothing to your playing partners but deep down you know something is wrong.

Now here's the truth that surprised even me you're not wearing out your you're wearing it out within 100 yards of the green. In the next 15 minutes, I'm going to show you exactly why that is.

And more importantly, i'm gonna show what you can do about it starting today. My name is Dr. Gaian Prevendor. I am a medical doctor. i specialize in regenerative medicine and sports medicine.

and for the last 15 years i've helped thousands of golfers eliminate their knee pain without resorting to surgery. Not well, not as often as I'd like.

My schedule and my short game kind of have that in common, but I play enough to know exactly what it feels like to be grinding on the back nine when your body decides it has other opinions about your game plan.

Now, quick but important note before we go any further. Everything I'm sharing today is general education. It is not personalized medical advice. Every golfer's knee is different and every case is unique.

So if you're dealing with significant or worsening pain, please go get properly evaluated by a qualified professional. Now, are you ready? Let's get into it.

Here's something that's going to completely change the way that you think about your knee. You've heard of the 70-30 ruling golf, right? 70% of your score is determined by the short game.

Why Short Game Swings Stress the Lead Knee

Everything that's inside 100 yards, your chips, pitches, bunker shots, lag putts, the long game, driver, long irons, that is only 30% the equation. Every serious golfer knows this.

Most serious golfers actually practice this way. But here's what nobody's talking about. That 70% of your round, the short game, repetitive partial swings, weight transfers, follow throughs over and over again on the practice screen, that is also where your lead knee is absorbing the most cumulative and repetitive rotational stress in your entire round.

So you're not wearing your knee out on the tee box. You're actually wearing it out within 100 yards of the green, round after round, shot after shot. And because the pain from those short game swings builds slowly and not dramatically, most golfers, they're blaming the wrong thing for years.

Let me tell you about Mike. Mike is 54 years old, he's a sixth handicap, He is a financial advisor. He plays golf four times a week because here in South Florida, why not?

The weather is perfect year round, the courses are world class, and there's no off season forcing you to recover. Mike came to see me convinced that his lead knee pain was coming from his driver's swing.

He'd been studying his swing on video, he'd be trying to fix his hip turn. He even invested in new instruction. he had

already seen two orthopedic surgeons.

Both of them told him the same thing. Do some ibuprofen, let's get some rest in and let see how it goes. Problem? Mike wasn't resting. Mike was spending 45 minutes on the chipping green before every single round.

200 repetitive short game swings per session, all landing on a lead knee that had early medial compartment arthritis and a partially torn meniscus. His shortgame, the thing that he was the most proud of, was quietly destroying him.

and he just didn't know it. So what's actually happening inside that knee? Well, your lead knee is the brake pedal of your golf swing. At impact, it is this single anchor point for your entire rotational force transfer.

Your lower body drives towards the target, you're hips clear, and your lean knee absorbs all of that deceleration every single swing Now think about your meniscus.

Mike's Story and Knee Mechanics

Think of it like the suspension on a golf cart. When it's fresh and new, you roll over every single bump, every dividend and every patch of uneven fairway and you barely feel it.

You just glide, right? But once that suspension starts wearing out, You feel every bump. Every little undulation in the fairways. Now jolts you through your seat, through you spine and through whole body.

That's your meniscus. It is a shock absorber between your thigh bone and your shin bone. And once it starts to wear, that jolt starts breaking down the cartilage underneath your knee faster than you lose yardage hitting into a dead headwind on an uphill hole.

Now here's the part that most doctors miss. It's not just the mechanics, it's the pattern. Golfers in their 50 are playing more than they've ever played in there lives because they have the time, they had the means, you have to drive.

But you're playing on joints that have been accumulating wear since you were in your 30s. Add in the floor to heat and four to five miles of walking per round on uneven terrain.

And the fact that most of us never warmed up properly until something started hurting. You've got the perfect storm that builds quietly until hold 12 and then that ruins your best front nine of the year.

Now here are four red flags that your lead knee is sending you that you are absolutely not allowed to ignore. Number one, pain on the inside of your leading knee during or after your swing.

I'm not talking about general soreness here, but specifically this is on the inner medial side of your knee. Number two, swelling that shows up in the evening after your round.

That is your joint talking. Please listen to it. A clicking or locking sensation at the top of the backswing or at following. And number four, and now this one is a little bit more subtle, you start protecting your knees without even realizing it, Your trail leg stops driving, your follow through shortens, you've lost 15 yards off the tee, and you blamed your swing, but your knee was running the show though in full time.

Do any of those sound familiar? Well, if they do, keep watching. You didn't get to where you are professionally by waiting for things to fix themselves, did you?

So here's a game plan for concrete things that you can start doing right now. Here is a mechanical fix that costs you nothing and can reduce your lead knee stress immediately.

Warning Signs You Shouldn't Ignore

Your trail foot position at address. Most amateur golfers set up with their trailfoot perpendicular to the target line, squared off, looks athletic, it looks like you're ready to go.

But what it actually does is it restricts your hip turn on the backswing. And when your hips can't rotate freely going back, your lead knee compensates by rotating more than it should.

And it does that round after round. So try this. Flare your trail foot out 20 to 30 degrees at address. That single adjustment unlocks your hip rotation on the backswing and directly reduces the rotational demand of your leading knee.

Tour players do this instinctively. Your knee will start noticing the difference by the back night. Fix number two, I know what your warmup probably looks like.

You are probably like me, you take three swings with your seven iron, then you hit a couple drives, and then a few putts, straight to the first tee. I've been guilty of it myself, but here's the problem.

Cold glutes and stiff hip rotators are terrible, terrible shock absorbers. When those muscles aren't activated, your knee becomes the default force absorber for every single swing.

Every single one. Five minutes is all it takes. Hip circles, dynamic leg swings, a lateral band walk, which leads us perfectly into fix number three, but wait for it.

Think of your lead knee like your engine oil. You wouldn't redline your cold engine on the highway. Warm it up first. Your transmission will last a lot.

longer. And fix number three, I have linked the exact resistance band that I use and I recommend in the description below. Grab it because these three next exercises are going to become part of your non-negotiable pre-round and training routine.

Now, these aren't just some random gym exercises. Every single one is tied directly to the biomechanics of you lead knee protection during the golf swing.

Quick Fixes: Setup and Warm-Up

So exercise number one, is banded lateral walks. What you're going to do is you put the band around your ankles, get into a slightly athletic stance or a slight squat, and you take a step laterally, 10 to 15 steps in each direction.

What this does is this activates your hip abductors and your glute medius. These are the muscles that stabilize your pelvis during your swing. Now when they're weak, your lead knee ends up collapsing inwards towards impact.

That's called valgus collapse. And that is one of the fastest ways to destroy your medial meniscus. And it is becoming increasingly more common in golfers over 50. This exercise directly counteracts it.

Exercise number two is banded clamshells. So you're going to lie on your side, band just above your knees and feet stacked together. You're gonna open that top knee like a clams shell.

Do this controlled and deliberate. 15 to 20 reps each side. external rotators. These are the muscles that are responsible for controlling your hip turn at the top of your backswing.

Build these and your knee stops compensating for what your hips are supposed to be doing. This is one of the most underused exercises in golf fitness and it directly protects your lead knee.

And exercise number three is single leg banded deadlift. So you're going to place the band underneath your leaf foot and you've got to hinge forward at Reach towards the ground while your trail leg extends behind you.

Do three sets of 10 repetitions each leg. This builds single leg stability, posterior chain strength, and proprioception. Now propriocession is your joints ability to sense its own position in space.

And proprioction is one of the first things to degrade after knee injury. So rebuilding it is absolutely critical for any golfer who wants to stay competitive and protect against future injury, three exercises.

Three Band Exercises for Knee Protection

a resistance band that you can throw in your golf bag, and a pre-round routine that takes less than five minutes. That combination alone has changed the trajectory for dozens of my patients.

Now, I do want to be direct with you here. These mechanical fixes and exercises are genuinely effective for most golfers with early to moderate knee stress, but they are not a substitute for a proper workout.

If your pain is getting worse despite rest, if you're taking ibuprofen as part of your pre-game routine. If the swelling persists for more than 24 hours after a round, stop managing it yourself and get properly evaluated.

And not just by anyone. You want to go to a physician who understands golf mechanics, who orders the proper and appropriate imaging, whether that's an x-ray, an ultrasound, or an MRI, and who also walks you through the full spectrum of options before jumping into any single recommendation.

The quality of that evaluation determines the quality every decision that follows after it, so don't shortchange it. Now, most golfers think that their lead knee is being destroyed on the tee box.

Big swings, big power, and big damage, right? Well, no. The 70-30 rule tells us a completely different story. 70% of your score and 70 percent of you lead knee's cumulative stress happens within 100 yards.

That's the chipping green, that's bunker, the pitch shot from 80 yards out. Repetitive, rotational, and worse of all, unforgiving. You are winning your rounds in the short game, you're quietly losing your knee there too.

So protect the 70%. Your lead and score card depend on it. Alright, let's talk about the bigger picture here, because if you've done everything right, you fixed your mechanics, built the strength, given it time, and your knee is still holding your game hostage, well then you deserve to know what's actually available to you beyond ibuprofen and let just watch it.

Here's how I like to think about treatment spectrum. On one end, we have conservative care. That's physical therapy, that's activity modification, and that anti-inflammatory protocols.

When to Seek Proper Medical Evaluation

This is an important and correct starting point for most people and it works well when you catch things early. On the other end we, have surgery, you have joint replacement, We have meniscus repair.

When it's the right call though, I will refer without hesitation because surgery can save quality of life and function for the Right patient. But between take ibuprofen and rest, and the operating room, there is a lot of space there.

And that's the space where regenerative medicine lives. PRP, bone marrow concentrate, micronized fat, targeted injection therapies designed to support your knee's own healing environment, not just mask the pain.

Now, these are not miracle cures. I will never tell you that they work for everyone in every situation, but for the right patient, someone with moderate joint degeneration that isn't a surgical candidate yet, or isn t ready for that road, and a person that has the commitment to follow a structured protocol, the outcomes can be genuinely remarkable.

Think about what you invest every year to play better golf. Instruction, better equipment, endless sleeves of Pro V1s, travel to the bucket list courses.

The golfers that I work with in this space, they think about their joint health in the same way. It's a performance investment, it is not a medical expense.

Because playing pain-free at 60 or 65 or 70, that's the real investment. Now, this is a direction I'm going to be talking about and exploring much more in depth later on in this channel.

Treatment Options Beyond Ibuprofen or Surgery

The science behind it, the patient profiles, The real questions that you should be asking any physician before you spend a dollar on treatment. We are just getting started here, but I think that what's coming is going To genuinely change the way you think about your long term game.

Most golfers think, again, there are only two options when your knee starts to fail you. Live with the pain or get surgery. But that's not the full picture.

There is a spectrum and for the right patient, There's a middle path. Regenerative medicine. That's changing what's possible for competitive golf players who want to protect their performance and stay in the game for next 20 years.

And I'm not talking about a quick fix here. I am talking investing in your joints the same way you invest in everything else that actually matters. Again, we're gonna go deep into this later on, so stay tuned because this conversation is coming and it's worth waiting for.

All right, let's bring this home. Five things that I want you to walk away with today. Number one, the 70-30 rule doesn't just determine your score. It determines where your lead knee is absorbing the damage.

Protect the seventy percent zone and you protect the joint that makes that seventy-percent possible. Number two, your lead knee is the brake pedal of your golf swing.

When the muscles around it, which is your hips and your glutes, aren't doing their job, Your knee ends up paying the bill every single round. Number three, flare the trail foot.

Warm up before you swing and use those three band exercises consistently. The link is in the description. And remember, consistency beats intensity every single time.

Number four, inside knee pain, post frown swelling, shortening of your follow through. These are all not things to play through, they are signals.

Key Takeaways and Call to Action

So honor them. Five, there is more available to you between ibuprofen and surgery than most golfers realize. Stay on this channel because that conversation is coming.

I promise. Now, I do have one question and I genuinely want you to answer this in comments below. Is it your lead knee or your trail knee giving you trouble?

And what hole does it usually start talking to you? Drop that in the comment below. I'm reading every single comment. And your answers literally shape what I create next on this channel.

If you found this video useful, please hit subscribe. Help me out. What I am trying to do here is I try to build something here specifically for golfers who want to play their best golf, not just this season, but for the next 20 years to come.

My name is Dr. Guyen Puvendrin. Hope to see you pain free on the fairway.