Why Your Outer Knee Hurts While Golfing Transcript

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Introduction to Outer Knee Pain

Your outer left knee is talking to you on the golf course. And I don't mean that dull ache that you notice on a drive home. I'm talking about hole seven, something grabs you, and then suddenly you're thinking about your knee instead of that birdie putt you worked so hard to line up.

That is a problem. And today, I'm gonna tell you exactly what it's saying, what is means, and what you can do about it. My name is Dr. Gaian Bumedri. Over the last 15 years I've helped thousands of golfers eliminate their knee pain without having to resort to surgery.

I am a medical doctor specialized in regenerative medicine and sports medicine, And I work exclusively with people who take their performance seriously.

Well, not well, and not as often as I'd like, but enough to know exactly what it feels like when something on your body starts pulling your focus away from the game.

And I also know how much that can cost you. Now a quick note here, everything today is general medical education. It is not personal medical advice. So if your knee is causing you significant pain, please go see a qualified physician in person.

What I can do though, is I make sure that when you go to that appointment, you're one of the most informed people in that room. Are you ready? All right.

All right, let's get into it. Let me tell you about my patient. I'm gonna call him Marcus. He's 50 years old, he's an attorney, and he has a 10 handicap.

But for him, golf isn't just his hobby. It is his boardroom with better scenery. And then slowly, his outer left knee started showing up uninvited.

Patient Story and Why Diagnosis Matters

At first, it was nothing. It was tightness after playing 18 holes. Then he started noticing a little sharpness that started around hole 11. And then one morning, on the sixth fairway, he's lining up his approach shot and he realized he was thinking more about his knee than his yardage.

That's when it became a problem. Not because of the pain, but because what it cost him. Now here's what most doctors get wrong. They treat outer knee pain like one thing.

IT band, cortisone, see you in six months. But the outside of your knee is a neighborhood. It is not a single address. There are four different structures.

there are 4 different patterns. And most physicians, they only check for one. But today, we're gonna walk you through all four. And I'm gonna give you a framework to figure out which one or which combination is bugging you.

Suspect number one, and if your outer knee hurts on the golf course, there's a very strong chance that this one is playing a role. The IT band runs from your hip all the way down to just below your outter knee.

Think of it kind of like the guy wire on a boat mass. It is not a muscle. so you can't stretch it into submission. But when it gets tight, it rubs across the outside of the knee with every single step, every round, and every hole.

Now in the golf swing, your lead leg drives hard into the ground on the downswing and the follow through. When

your glutes aren't firing properly, that repeated loading ends up putting relentless friction on that IT band.

The root cause is almost always starting at the hip, not the knees. So what does IT band feel like? Well, people complain of sharp burning pain on the outside of their knee, on a surface level, not something deep down inside.

IT Band Syndrome and Hip-Based Fixes

They'll complain that it's worse going downhill between holes. Sometimes it'll disappear when you stop, but it will come roaring back when we start moving again.

Marcus described it to me as someone pressing a hot thumb into the side of his knee. That is a classic IT Band. So here's your fix, and this is where that resistance band earns its place in your bag, literally.

Number one, exercise lateral band walks. Place your exercise band above your knees. Do a slight squat and take 15 steps in each direction. This is my single most prescribed exercise for this problem.

Exercise number two is clam shells. On your side, banded above you knees, do this slow and controlled, open up your thighs like you're opening up a clam shell.

build that hip abductor foundation. The next one is standing hip adduction. You put your band at ankle height and you lift your leg directly out to the side.

That stability that you build here is going to protect your knee on every single fall. Do these exercises three times a week, do them consistently. Don't just do when the knee hurts.

All right, now I want you to pay coolest attention here because this one gets missed a lot and it matters the most. Your meniscus is the shock absorber of the need.

Think of it like the grooves on your wedge. When those grooves are sharp, you get bite, spin, control. But when they're worn down, or in the case of a meniscus, if you have a small tear, You lose position exactly when you need it the most.

The lateral meniskus takes real compression during every pivot and rotation of your swing. So for a guy in his 50s who's playing Navy for 20 years, and now he's play more because the kids are grown up and he has more time, that cumulative load adds up quickly.

So how does meniscus pain feel? Well, it's deeper than the IT band because it is sitting deeper in the joint. It is a dull ache inside the joints right at the line, but on the outer part of the knee.

Sometimes people will tell me that they feel a catching or locking sensation, like something's briefly getting stuck. You'll notice that you have swelling after a round.

And the red flag here is, if your knee feels unstable like it might give way, stop self-managing. That needs a specialist and it needs it now. If you haven't hit that point, your fix here, is something called a terminal knee extension.

You had the band anchored at your height in front of you with a slight bend in your knees. And now you're just going to press your back to straighten it.

Meniscus Pain, Symptoms, and Rehab

What this is going do is activates a muscle called the VMO. that's your inner quad muscle that looks like a little teardrop and that stabilizes the joint with every step and every swing.

Do 3 sets of 15 of this. Now, if you suspect this one, especially with catching or swelling, again, make sure that

you're getting an in-depth examination and some sort of imaging.

The next one is one that gets lumped in with everything else, and it really shouldn't be. So the LCL, or your lateral collateral ligament, That runs from the outer side of your knee and it does one specific job.

It keeps your knees from bowing outwards. Think of it like fence posts that keeps you joint from collapsing sideways under load. Now in golfers, that LCL takes enormous amount of stress during an aggressive lateral weight shift.

especially if you're on even lies where your foot is elevated or angled. And now that stress, round after round, can strain the ligament over time. For guys who are playing hilly courses, this one shows up way more often than you'd think.

So what does LCL pain feel like? Well, again, it's tenderness that you can pinpoint directly on the outer side of your knee, kind of mid-joint. It's not really behind it.

There is a sense of looseness or maybe a little bit of instability when you push off hard through your follow through. It's not a burning pain, it is not deep, It is structural.

It a structural complaint and your knee will tell you the difference. Your fix here is lateral band walks again, but with a different focus. Here the goal is joint stability, its not just hip activation.

What you're doing here, is you are training the muscles that support your LCL so that the ligament is working alone. Pair that with your standing hip abduction to help reinforce the entire lateral chain that keeps your need tracking correctly through the swing.

Now if the instability is significant, if your knee feels like it's shifting or it is giving, again, red flag, get it evaluated. LCL injuries exist on a spectrum and the severity ends up determining the path forward.

And finally, the one that's sitting in plain sight that while everybody is sitting here talking about IT band and meniscus and LCl, it gets missed. The popliteus is a very small but critical muscle that runs diagonally behind the knee.

Its job is to control what we call tibial rotation. It keeps your shin bone from spinning out from underneath your knee, specifically during the deceleration phase of your swing.

So every time you fire through the ball and your lead leg stiffens, that popliteus is firing and working hard, hard and quiet.

LCL Strain and Lateral Stability

Now when it's overloaded, and when the hip and core weakness forces it to compensate, the tendon starts to get irritated. And because it lives deep inside the posterior lateral corner of the knee, it often gets misdiagnosed.

How does this one feel? Well, this is a deep pain behind the outer knee. Not in the front, not on the side, but more in back of it. It's not really on the surface.

It is not on your joint line, but it's behind the joint. There is tenderness that you can find with your thumb if you press on back outer corner of your knee while it is slightly bent.

Important note here, completely unresponsive to IT band stretching, which is why I see guys chasing the wrong fix for months. Your fix here is again, lateral band walks with a slight twist.

We're going to do a torso rotation with this. It's the same setup as the lateral ban walks from before, but at the end of your step, you're gonna do slight rotation towards your torso or of you torso towards you lead leg as you step.

Think of this as replicating the rotational demand of the downswing and training your stabilizers to take the pressure off the popliteus tendon. Again, don't self-manage this one for long because poplitea's tendinopathy becomes chronic very fast and a chronic one is much harder to treat and harder To manage.

Four diagnoses. Here is how we start telling them apart location quality trigger. So the first one, location. If the pain is along the outer thigh above the joint, most likely your IT pain.

if it's right at the point on the Joint line of the Outer knee, think meniscus. If it is on mid portion of outer knee but closer to the surface, think LCL.

And if its deep behind the outter corner, Think popliteus. Next one, quality. Is the pain burning on the surface?

Popliteus Tendinopathy and Rotational Load

Again, IT band. It is a deep ache with catching or swelling. Think meniscus. Do you have instability when moving laterally or does it feel like it's loose?

Think your LCL. And is it a big ache that's in the back of the joint and it is worse with rotation? Is it worse when you're pushing off through with lateral give, LCL?

Or is it worst specifically on the follow through and the deceleration phase of your swing? That's your popliteus. These are a starting point, not a diagnosis.

But now you know the right questions to ask, and that is where everything starts. Now, let's take a beat and let talk about where medicine actually is for the right patient.

Most guys come in to me and they've only heard of two options. We're going to do some anti-inflammatories and hope, or you're gonna go to surgery. But, somewhere in the middle, almost every single one of them has been handed a cortisone injection and been sent on their way.

Here is what I want you to understand about cortison injections. It is not a treatment. It is a pause button, it does reduce inflammation in the short term, and for some people in their right situation, that window of relief has value.

But, cortisone does not repair the tissue. It does NOT slow down the progression of cartilage breakdowns. And repeated injections? Well, the research is increasingly clear that over time, Cortisones can actually accelerate cartilage degradation.

The very thing that you're trying to protect. So, When a doctor offers you a cortisone shot as the answer, not as a bridge, as part of a broader plan, but as an answer?

That is a conversation worth pushing back on. Because there is better middle ground. And it's one that many patients have never heard about, and it is becoming more popular.

How to Tell the Four Causes Apart

Regenerative medicine options like PRP or platelet-rich plasma, they work differently. So instead of suppressing your body's response, we're using your own biology to drive a repair response.

We're drawing from your blood, concentrating the growth factors that your tissue needs to heal, and then we are delivering them directly to the source of the problem.

Not just masking pain here, but addressing the environment that's causing it. Now, think of PRP less like a medical procedure and more like long-term performance investment.

It's the same logic that you apply when you get a custom-fit driver or custom fit set of clubs, or when get you a golf

lesson with a world-class instructor.

The return isn't instant, but it does compound, and it doesn't come with the ceiling on how many times you can do it before it starts working against you or starts harming you.

Now, I do want to be honest with you because that's the only way this works. Regenerative medicine is not a guarantee. It is NOT the right fit for every diagnosis or every severity.

Conservative care, physical therapy, resistance training, load management, swing corrections, all those things I just talked about, they are still the foundation for a meaningful percentage of the men that I see.

And for A LOT of them, it's all that they need. But… For the right patient who has done the work and has still struggled and needs the next level of support, regenerative medicine is where I would want to be.

It's a long way away from a cortisone shot and a handshake and pamphlet.

Cortisone vs Regenerative Medicine

Now in future episodes, we are going to dive deep into the full regenerate medicine tool book, what qualifies you, What the procedures actually involve, and what a realistic outcome is going look like.

That is coming, so make sure that you're subscribed so that don't miss it. But what about Marcus? So let's talk about it. So we identified in Marcus lateral meniscus tearing with an IT band irritation.

It's a combination that is actually way more common than people think. What I did was we got him set up with a specialized golf-specific physical therapist who structured a rehabilitation program for him, worked on his hip strengthening, and gave him two small adjustments to his trail leg setup at his address.

Now, He's back on the course, he's closing deals on The Back Nine, and his knee doesn't get a vote on his boardroom anymore. Now, here are your five takeaways from today.

Number one, the outside of your knee, again, it's a neighborhood. It's not just one diagnosis. Its four structures, four patterns, for fixes. Both doctors are really just looking for one.

Number two, weak hips are almost always part of the story. Your resistance band is injury insurance. Use it before you need it. Remember location, quality, trigger.

Surface burn above the joint is IT band. Deep ache with catching is meniscus. Lateral instability middle of a joint, is LCL. deep pain in the back of your knee with especially with the follow through, popliteus.

Marcus's Recovery and Key Takeaways

Number four, swelling, locking, instability. Stop self-managing. Get to the doctor's office. And five, most importantly, there is a wide spectrum between pushing through it and surgery.

The right physician walks you through every single option. Make sure you're seeing someone who knows the whole neighborhood. Now, I do have one ask today.

Please, drop me a comment below on where your knee hurts. Is it on the inside? Is on on outside? is it the front? the back? I'm reading every single comment and your answer might just become the next video.

Now if this video helped, hit subscribe. I am just getting started. Those bucket list courses aren't going to play themselves. Take care of your knees and I'll see you pain free on The Fairway.