

# An Osteopathic Approach to Treating Chondromalacia-Patellae with Counterstrain Manipulation

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As we realize the importance of aerobic exercise in the reduction of cardio-vascular events the general populace has taken up exercise as a regular habit. With this increased incidence of exercise I have seen an increase in the amount of chondromalacia-patellae in my practice. Cailliet<sup>1</sup> states that this type of soft tissue knee pain is probably caused by repetitive minor trauma. Often there will be arthralgia of the knee without x-ray changes. Many of these patients can be helped by manipulation, often decreasing the need for surgery.

The technique for the release of the patella is a simple one using indirect counterstrain techniques advocated by Lawrence Jones, DO, FAAO<sup>2</sup>, and Harold Schwartz DO, FAAO<sup>3</sup>. If the physician will move the patella medially or laterally, he or she will find usually that the patella will move one way more easily than the other (Figure 1).

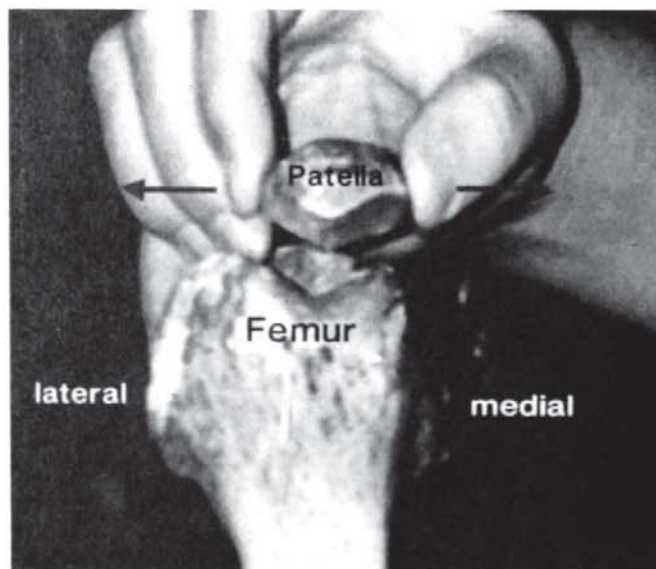


Figure 1. Motion test: Medial and lateral movement of the patella with the patient supine and the knee at rest.

This is a sign of somatic dysfunction, or decreased motion; the patella should move equally in both directions in my experience. This inequality of motion means that the patella will not ride in the midline of the patellar surface of the femur, causing a greater pressure on one side of the patella and greater wear and tear on that joint surface (Figure 2).

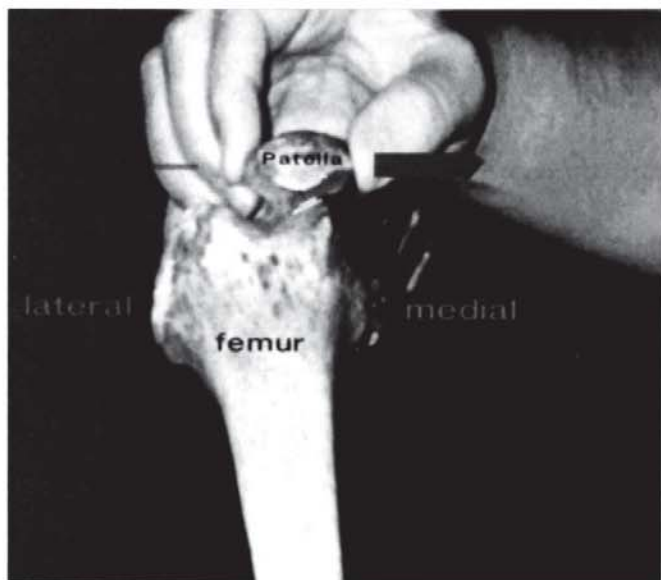


Figure 2. If motion is easier or less restricted medially then the fascia around the knee is too tight and will cause excess wear and tear on the medial portion of the patella and patellar surface of the femur, ie; chondromalacia-patellae. This leads to clinical entity of chondromalacia-patellae.

This problem often can be resolved without surgery by counterstrain manipulation of the patella. If you look for a hot or cold spot on the medial or lateral aspect of the patella, you may find a tender point in the middle of the hot or cold spot (4) (figures 3 and 4).

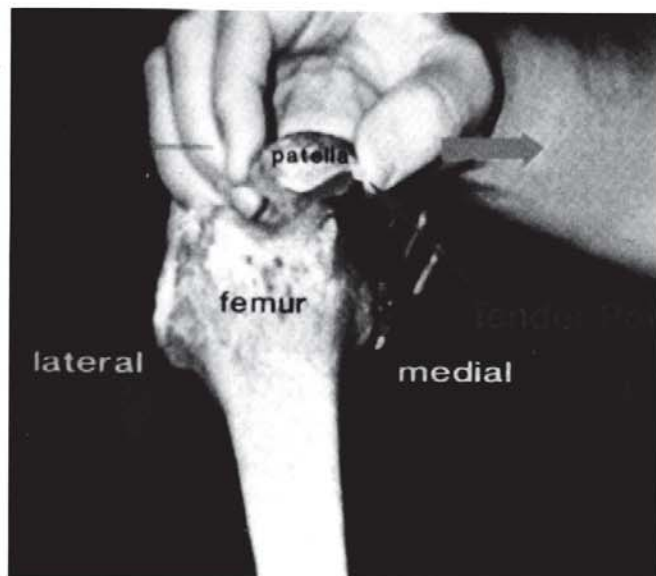


Figure 3. In this example the motion of the patella is better medially. There should also be a tender point on the medial side of the patella. Move the patella around the tender point (medial) until there is no pain when the tender point is pressed, and then hold that position for 90 seconds.

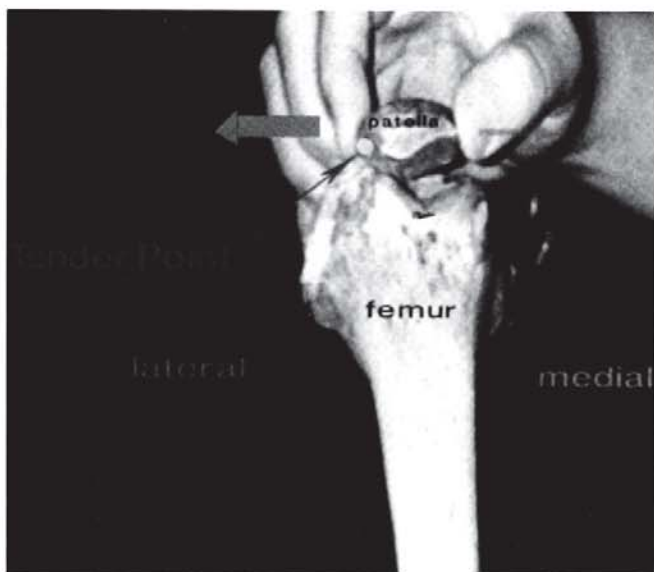


Figure 4. Likewise, if the motion is better laterally the tender point will be on the lateral side of the patella.

Finding a tender point on the side of the patella that moves the easiest and moving the patella the way it moves the easiest will remove the pain at the counterstrain point. Hold this position for 90 seconds. This will also release the fascia around the knee that is pressing the patella into the patellar surface of the femur. In other words the

pressure that causes the disease entity, or effect called chondromalacia-patellae is easily removed with indirect techniques.

If you can not find a tender point just take the patella the way it is looser, or moves the easiest, medial or lateral and wait 90 seconds. You will get similar results.

#### References

1. Cailliet, R: Knee pain and disability, F.A. Davis, Philadelphia, 1973
2. Jones, L.H.: Strain and counterstrain. Newark, Ohio American American of Osteopathy, 1981.
3. Schwartz, H.R.: The use of counterstrain in acutely ill in-hospital population, JAOA 1986;86;433-442
4. Ramirez, M.; Haman J.; Worth, L.: Low back pain: Diagnosis by six newly discovered sacral tender points and treatment with counterstrain, JAOA 1989; 89; 905-913

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