Tips for Parents About Knee Injuries in Youth Sports

Knee pain and knee injuries are common in young athletes and can be incredibly difficult to manage. One knee injury can easily end a season, so prevention is key, as is a fast diagnosis and a good treatment plan that keeps an athlete healthy and active as they recover.

Here, Dr. Michele LaBotz, TrueSport Expert and sports medicine physician, breaks down common knee issues she often sees in young athletes, and what caregivers need to know to best advocate for them.

Common Knee Injuries In Youth Athletes

Knee injuries in young athletes tend to be different from injuries seen in adults. "For example, in adults, one of the most common issues is a meniscus injury because our menisci are wearing and tearing," LaBotz explains. "But meniscal issues are much less common in kids than they are in adults, unless there's a significant trauma or congenital issue."

Acute injuries happen from a single incident and can include injuries to muscle, tendon, bone and/or ligaments. "Knee injuries tend to differ depending on sport, as well as biological sex," says LaBotz. "For male athletes, particularly those in contact sports, MCL [medial collateral ligament] tears are the most common. For young female athletes, ACL [anterior cruciate ligament] tears are more common, particularly after puberty, and are often non-contact injuries."

For young athletes, periods of rapid physical growth bring their own challenges because bones often lengthen faster than the ligaments or tendons around them can keep up. That can contribute to chronic pain, including IT (iliotibial) band issues, which are especially frequent in running sports. "Males who are growing very fast find that their hamstrings get really tight, and if they don't work on flexibility, they are at greater risk for injury," LaBotz adds. Rapid growth can also cause clumsiness while an athlete's coordination catches up to their new height, something LaBotz refers to as 'the Bambi effect.'

Alignment changes that occur during puberty impact risk for knee-related issues as well. For example, females often experience a widening of the hips, which can change the alignment of the knee and hip, says LaBotz. This can lead to issues with how the kneecap (patella) moves over the front of the knee. This is one of the most common causes of knee pain in young athletes, particularly in running sports, and is known as patellofemoral syndrome, but is often referred to as 'runner's knee.' Patellofemoral syndrome is three times more common in females than in males.

Many chronic knee issues are more common in sports that involve a significant amount of running. The risk is higher when an athlete is new to the sport, less conditioned than their teammates, or going through a growth spurt during the season. Acute injuries are more common in sports like soccer, football, and basketball where athletes are changing directions rapidly potentially making contact with other players.

Preventing Knee Injuries

Of course, not every injury is preventable. At some point, your athlete may simply turn the wrong way during a particular play on the soccer pitch, or block a shot on the basketball court and have an unfortunate landing. But there are ways to prevent chronic injuries and better mitigate the risk of acute injuries. Doing "too much too soon" is one of the most common causes of chronic knee issues in young athletes. LaBotz suggests a good rule of thumb is to avoid increasing volume or intensity by more than 10% per week, regardless of what sport your athlete is in.

"What caregivers and athletes need to understand about the knee is that it's a hinge," says LaBotz. "Picture a door hinge that's slightly off-kilter. If it's not lined up just right, the door won't close correctly. Our knees are like that. If the knee is not aligned properly, it's going to create issues."

"From your hip to your ankle should be in a fairly straight line when you're moving," she adds. "Anything that makes it curve is going to interfere with the function of the knee." If your athlete is experiencing knee pain during activity, working with an athletic trainer or physical therapist to check their alignment can be a valuable addition to their training.

Ultimately, LaBotz is a fan of anything athletes can do that enhances the ability of the knee to function as a well-aligned hinge. That means going beyond sport-specific practice to include strength training, conditioning, and mobility work, as well as choosing shoes that support the athlete's gait and promote proper alignment.

The best offense is a good defense, and LaBotz notes that every athlete should be thinking about their leg muscles as the best defense against knee injury. "Strong muscles not only let you do your sport, but they're also good shock absorbers," she says. "The stronger the muscle is, the more impact it takes off of the knee joint itself."

Diagnosing Knee Injuries

Simply put, if an athlete has enough pain that they're limping and not moving normally, they need to stop, says LaBotz. Her rule is that athletes should not take any kind of over-the-counter painkillers to reduce or minimize the pain in order to keep training. Instead, they should pause training and take the day off. If the pain improves substantially or goes away, they may be able to return to activity. If pain continues beyond a day or two, or if they need pain medication to get through the day, it's time to seek medical care. And, pain that continues at night should be investigated early.

"Painful mechanical symptoms are another red flag," she adds. "If the athlete has the sense that their knee is locking, or the joint is uncomfortable or painful as it makes clicking, catching, or popping noises, that can be a problem with the cartilage."

LaBotz also urges caregivers to watch for swelling. "Significant swelling after an injury, or particularly if there is swelling with no injury, it's important to get that checked out. We're seeing more and more cases of Lyme disease causing knee swelling," says LaBotz. "If an athlete has a swollen knee but can't point to an injury that caused it, other causes should be ruled out."

Ultimately, she urges caregivers to take knee issues seriously, because if left too long, they can progress to problems that are harder to treat and rehabilitate.

This doesn't mean you should panic at every twinge an athlete mentions, though. "If an athlete just started running and they're having pain all around the kneecap with no swelling or limping, they can take a couple of days easy and see if the pain goes away," she says.

"If an athlete's team or school has an athletic trainer on staff, that is often a good first contact to make regarding knee pain, LaBotz says. For athletes without access to an athletic trainer, talking to their healthcare provider is the best option.

If an athlete is seeing a healthcare provider for a knee issue, LaBotz suggests gathering information on:

- Any past knee issues
- What makes the pain better or worse
- How long the pain has persisted
- What caused the pain initially
- Any swelling or symptoms that are no longer present

This information can help a doctor rule out certain injuries, and better pinpoint which tests might be needed. LaBotz states that taking photos of any swelling or bruising to show the healthcare provider can be helpful, as well as any video of how the injury occurred.

"Most common diagnoses can be readily made just by doing a patient history and physical examination—an X-ray isn't always needed," she says. "The way the knee is situated, a physical exam can really rule a lot of injuries in or out. If a doctor suspects a cartilage or ligament issue like a sprain or a tear, they may order an MRI." LaBotz notes that because knees are nearly symmetrical, comparing the two can provide valuable information for the health care provider.

Treatment for Knee Injuries

LaBotz points out that every athlete's treatment plan will differ. "Treatments for knee injuries are highly variable, and so are recovery protocols," she says. "First and foremost, your athlete should understand that their treatment and recovery may not look like that of their teammate or another athlete on social media, even if they have the same injury."

For most knee injuries, the goal should be to move as much as possible without pain. "My rule for exercising during an injury is simple: If it hurts, don't do it," says LaBotz. "But with a knee injury, the whole body doesn't need to rest. The knee may need time to recover, but the more athletes can move the rest of their body, the better they're likely to feel. While they recover, they can work on maintaining core and upper-body strength. I often recommend Pilates."

For an overuse injury, often a couple of days of lighter movement or rest will lessen the pain so that the athlete can return to play. From there, they should increase volume or intensity by no more than 10% per week. Caregivers can also support recovery through nutrition.

Swelling in the knee can cause complications and make movement harder, even for an injury that isn't severe. LaBotz recommends seeking timely medical guidance for swelling after an injury, "Use compression wraps during the day, but don't sleep with a knee compression wrap on at night. Use ice packs as well—the more swelling you can get out of the knee before an exam or before surgery can make an injury easier to diagnose and treat."

The goal in treatment and recovery is to get the injured knee working as well as the healthy one. "When your doctor is working on a treatment plan, they're looking not just at how to best treat the pain, but how to best restore the function of the knee," says LaBotz. This includes looking at all the muscles surrounding it, because a knee injury often affects the whole leg, especially if the athlete needs a lot of time off to treat the injury. Recovery will go beyond knee mobility to include rebuilding weakened muscles and ensuring that the entire leg from hip to ankle is in alignment.

"Often, people go to training or rehab after a knee injury and they're confused because the physical therapist worked on their hip and not the knee," she says. "But they worked on the hip because those hip muscles are in charge of how the rest of the leg lines up."

Finally, if your athlete does require surgery for a knee injury, LaBotz notes that prehabilitation can make a big difference in how well they recover. "For instance, if an athlete is getting their ACL reconstructed, the goal is to keep the knee stable and to let them get around as comfortably as possible beforehand," she says. "That may mean your athlete needs crutches to get around. Oftentimes, we'll put on some type of hinged brace, but with these injuries you typically don't want to immobilize the knee entirely. The brace is not to limit motion, because you want somebody to go into ACL surgery with as much range of motion as they can possibly get—the brace is just to provide support, but that's often misunderstood and caregivers assume the athlete should move as little as possible."

TAKEAWAY: Knee pain in young athletes should be taken seriously but isn't always cause for alarm. Help prevent injuries by increasing volume or intensity by no more than 10% per week and building leg strength and alignment beyond sport-specific practice. If your athlete has knee pain, they shouldn't use painkillers to push through training. Have them rest and seek medical care if the pain lasts more than a day or two, or if they're limping or have swelling or night pain.

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