

PATIENT INFORMATION

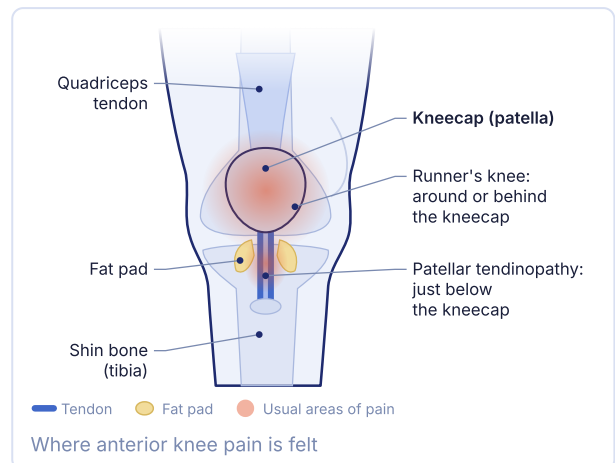
Anterior Knee Pain & Runner's Knee

Causes, symptoms and why the feet matter

Written by **William Joyce**, Consultant Podiatrist, HCPC registered · The Functional Podiatrist, Richmond & Kensington · Updated October 2026

IN SHORT

Anterior knee pain is pain at the front of the knee, around or behind the kneecap. The most common cause is patellofemoral pain, often called runner's knee. It is usually driven by how load travels from the foot and hip through the knee, so treatment focuses on strength, movement and footwear rather than rest.



What is anterior knee pain?

Pain at the front of the knee, around or behind the kneecap. It is an umbrella term. The most common cause is patellofemoral pain syndrome, often called runner's knee, although it affects far more people than runners.

What does it feel like?

An ache, sharp pain or burning around, behind or under the kneecap.

- Worse on stairs, squatting, running or kneeling
- Aching after sitting for a long time
- A catching or unstable feeling under the kneecap
- Puffiness around the kneecap after activity

What else can cause pain at the front of the knee?

Several conditions, and the right treatment depends on which one it is.

- Patellar tendinopathy: just below the kneecap, linked to running and jumping
- Fat pad irritation: sharp pain below the kneecap as the knee straightens
- Cartilage problems inside the joint
- Pain referred from the hip or lower back

Why would a podiatrist treat knee pain?

Because the knee is rarely the cause on its own. How your foot meets the ground, and how load travels up through the ankle, knee and hip, directly affects the pressure behind the kneecap. Weak hips, the foot rolling in and limited ankle movement are some of the most consistent drivers.

Can insoles help anterior knee pain?

Yes, when foot mechanics are contributing. Insoles can reduce peak load through the knee, but they work best alongside strength work and changes to running technique, not on their own.

How is it treated?

With a combined plan built around what is driving your pain.

- Strength work for the hips, glutes, quadriceps and feet
- Gait retraining: step rate, foot strike and knee alignment
- Insoles and footwear advice
- Improving ankle mobility
- A structured return to running

Should I stop running?

Not necessarily. Reducing volume, avoiding hills or speed work for a while and adjusting footwear often lets you keep running while it settles. For most people the outlook for pain-free running is good.

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FROM THE CLINIC

“Anterior knee pain is rarely caused by the knee in isolation. In clinic I look at the whole chain, from how the foot lands to hip strength and running technique, because that is usually where the answer is.”

William Joyce, Consultant Podiatrist, The Functional Podiatrist

Three things you can do today

- 1 Hold off on sudden increases in mileage, hills or jumping.
- 2 Replace very worn shoes if you are in a flare-up.
- 3 Add hip, glute and foot strength work, not just stretching.

When to see a podiatrist

- Knee pain lasting more than 2 to 3 weeks
- Pain that limits training or keeps coming back
- The knee catching or feeling unstable
- Swelling around the kneecap after activity

Get it properly assessed

Your treatment plan depends on what is driving the problem. We assess, explain what we find and build a plan around your activity and goals.

HCPC-registered podiatrists in Richmond (Pools in the Park, TW9 2SF) and Kensington (Sprint Physiotherapy, W8 4LY). No referral needed.

More on this condition: thefunctionalpodiatrist.uk/knee-pain.html

Book an assessment

Call 020 3576 0630

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