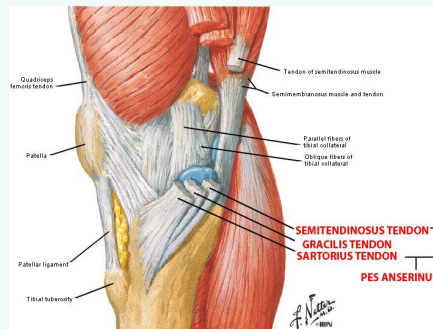


### PAB



- Sartorius, gracilis and semitendinosus tendons
- Knee flexors and tibial internal rotation - helps protect knee from rotary and valgus stress, contracts eccentrically during terminal knee ext to stop excess ext rot
- Bursa reduces frictions between tendons and tibia
- Stresses trigger synovial lining to produce excessive fluid - painful inflammation

### Risk Factors

- Obesity
- Knee OA
- Diabetes
- Female gender (wider pelvic and increased Q angle)
- Runners, breaststroke swimmers, athletes - cutting/side to side movement
- Hamstring tightness
- Lack of knee extension
- Improper/rapid changes in training
- Can co-exist with other knee disorders - Osgood schlatler, plica irritation, meniscus injury, degeneration
- Pes planus/valgus knee

### Presentation

- Difficult to localise pain for patient
- Mild-Moderate pain over medial tibia near insertion of conjoined tendons , 5cm below medial joint line of the knee and 3-4 cm medial to TT
- Aggravated by descending stairs or arising from seated position + side to side movement
- ROM - pain during knee flexion, RROM knee int rot /knee flex
- Swelling can occur
- Assess hamstring flexibility, hip abductor weakness, pes planus - increase valgus stress of the knee

### Imaging

- Not required unless bony pathology
- US/MRI usually considered



### DDx

- Meniscus injury
- Ligamentous sprain
- Tendinopathy
- Neoplasm
- Tibial stress f#
- Inflammatory Arthropathy
- Osteochondritis dissecans
- Lx radiculopathy
- Plica irritation
- Osteonecrosis
- OA

### Management

- Ice , US, e-stim, NSAIDs
- Myofascial release and stretching of sartorius, gracilis, semitendinosus
- SMT of LS + LL
- Arch supports
- Stretching of hamstring, adductors, quads, gastro
- Strengthening of hip abductors
- Overweight pts - diet and exercise
- If non responsive consider injection and later on surgical intervention



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Not published yet.  
Last updated 5th February, 2021.  
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