



# Running and knee health



Please note that this online educational module is intended to provide a brief overview of the research about running and knee health. Detailed references are provided at the end of the module.

This module is not meant to provide a treatment plan. If you have knee pain, consult a qualified healthcare professional.

We acknowledge and appreciate the contribution of multiple runners, non-runners and healthcare providers who helped in the development of this educational module.

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# WHAT IS KNEE OSTEOARTHRITIS (OA)?

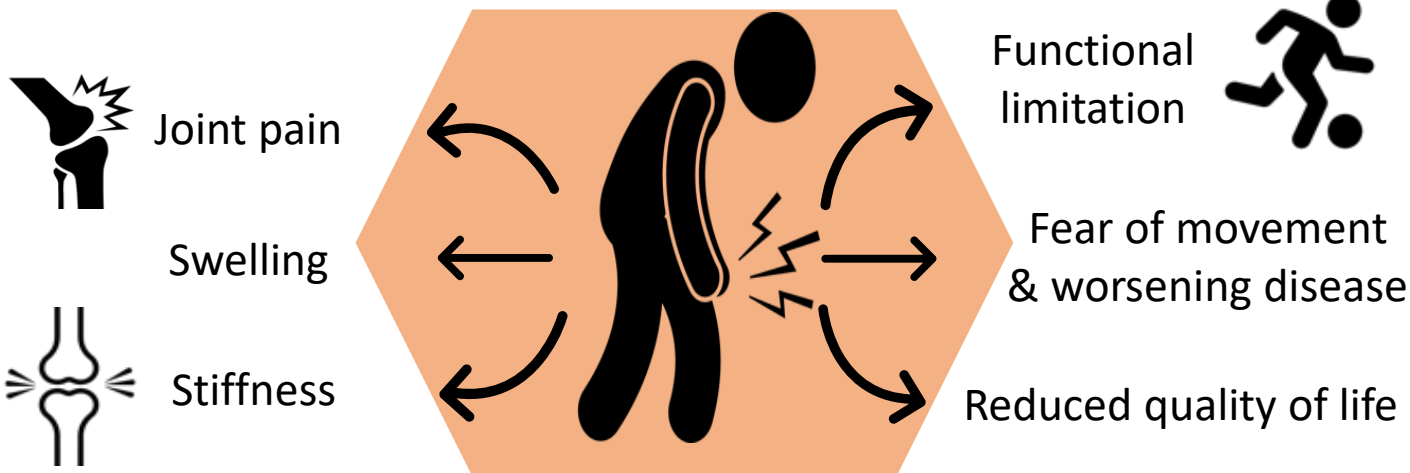
The **most common** joint disease and a major cause of **disability and pain**. It affects bone, cartilage, ligaments and muscles.

Osteoarthritis (OA) currently affects **240 million** people globally.



## HOW DOES KNEE OA IMPACT LIFE?

*Physical and psychosocial impact*



### References

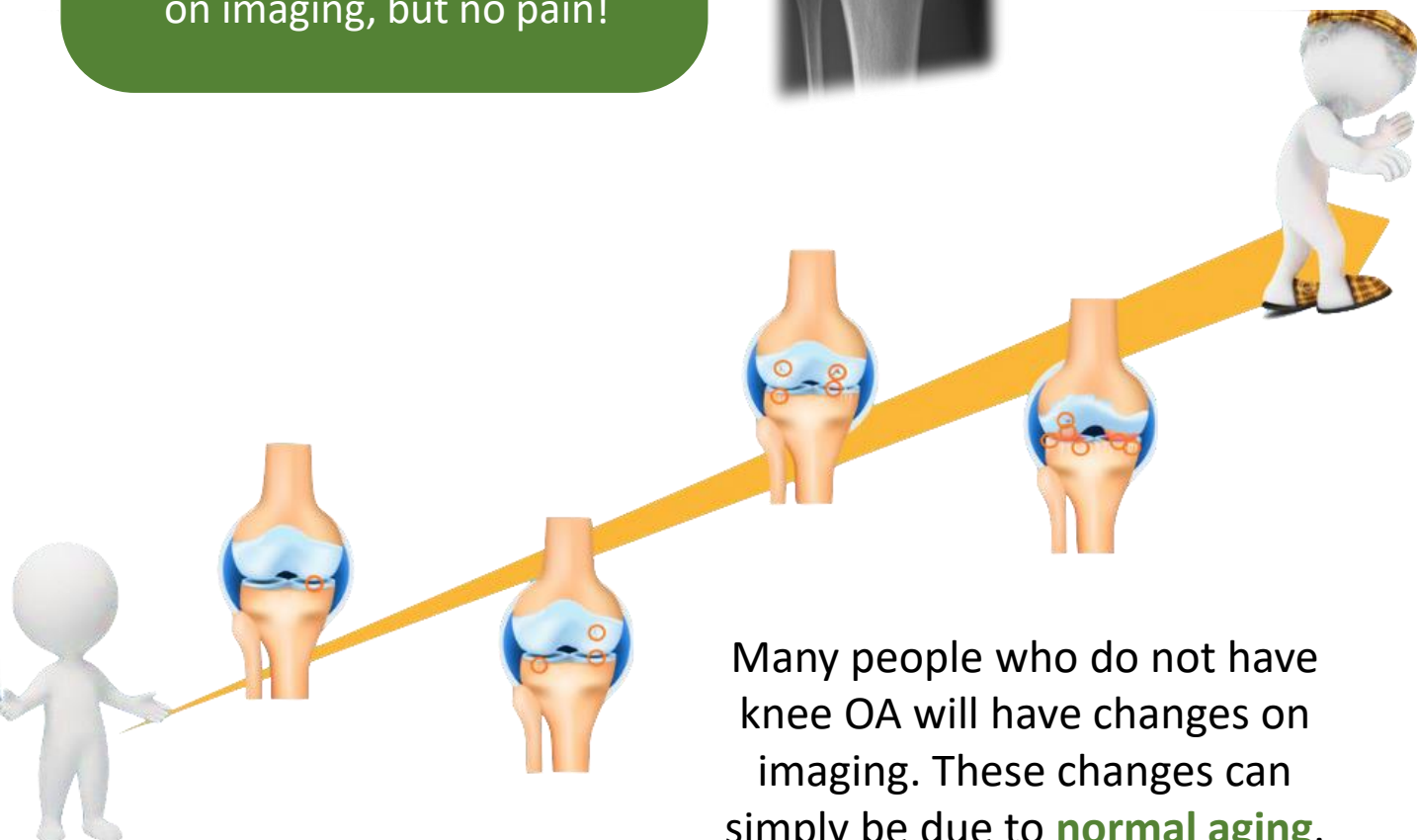
Osteoarthritis Research Society International (2019), Wallis et al. (2019)





# SHOULD I BE CONCERNED ABOUT THE RESULTS OF MY MEDICAL IMAGING EXAMS?

Findings from medical imaging are **not necessarily related** with pain. As many as 14% of adults aged less than 40 years and 43% of adults over 40 years have OA on imaging, but no pain!



Many people who do not have knee OA will have changes on imaging. These changes can simply be due to **normal aging**.

## References

Culvenor et al. (2019), Finan (2013)



# PEOPLE ARE MORE LIKELY TO GET KNEE OA IF THEY...



**Are 50 years or older**



**Are female**

*2x more likely than males*



**Have had a serious knee injury**

*3x more likely*



**Are overweight or obese**

*3x more likely*



**Have a family history of knee OA**



**Have played high-level sports**

## References

Driban et al. (2017), Silverwood et al. (2015)



# RUNNING IS GOOD FOR OVERALL HEALTH!



**Mortality rate** due to cardiovascular disease, cancer or infection



**Mental health:** improved sleep, symptoms of depression, psychological functioning, etc.



Ability to control **weight**  
*Better for knee joint health*



Aerobic **fitness** & heart and lung **capacity**



Physical abilities



## References

Pedisic et al. (2019), Eime et al. (2013), Hespanhol et al. (2015), Kalak et al. (2012), Szabo & Ábrahám (2013), Oja et al. (2015)



# DOES RUNNING CAUSE KNEE OA?

**NOT NECESSARILY!**



**10 out of 100**  
sedentary people  
(non-runners) have knee OA



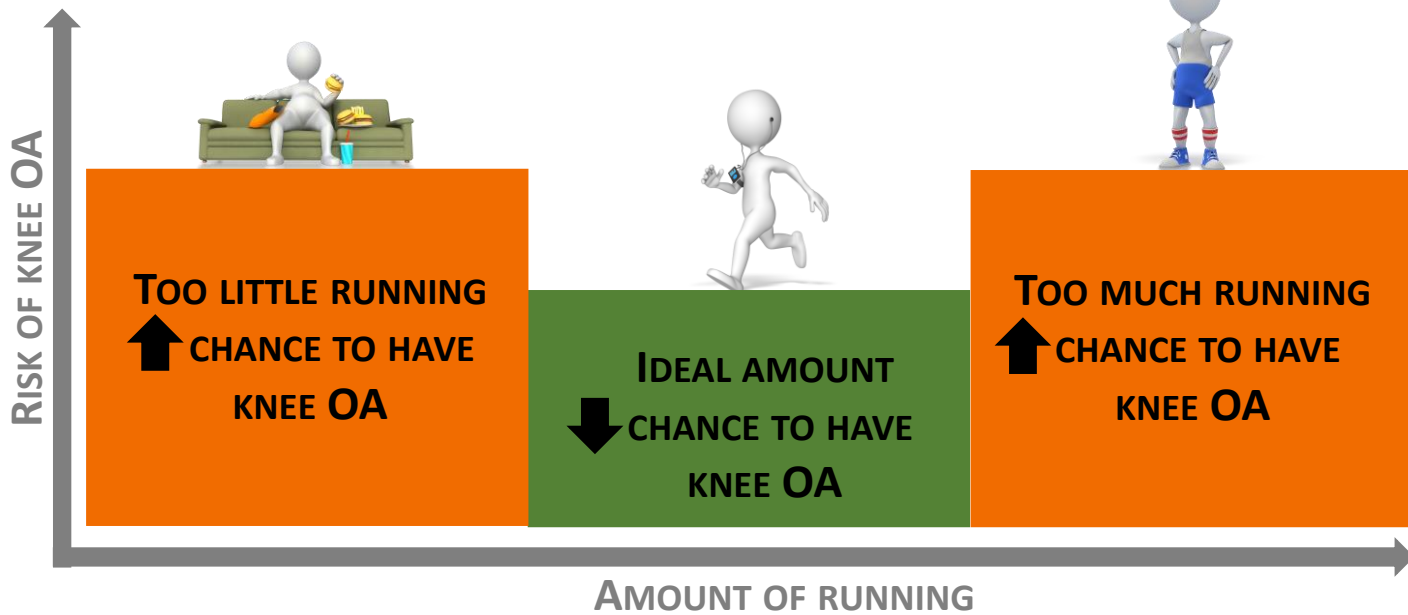
**3 out of 100**  
recreational runners  
have knee OA



**13 out of 100**  
elite runners  
have knee OA

*\*Recreational means Non-professional or Amateur levels*

*\*Elite means Professional or International levels*



**DID YOU KNOW?**



Running may have a **protective effect**.  
Runners seem to have a **54% lower**  
chance for needing knee surgery  
due to OA (knee replacement).



#### References

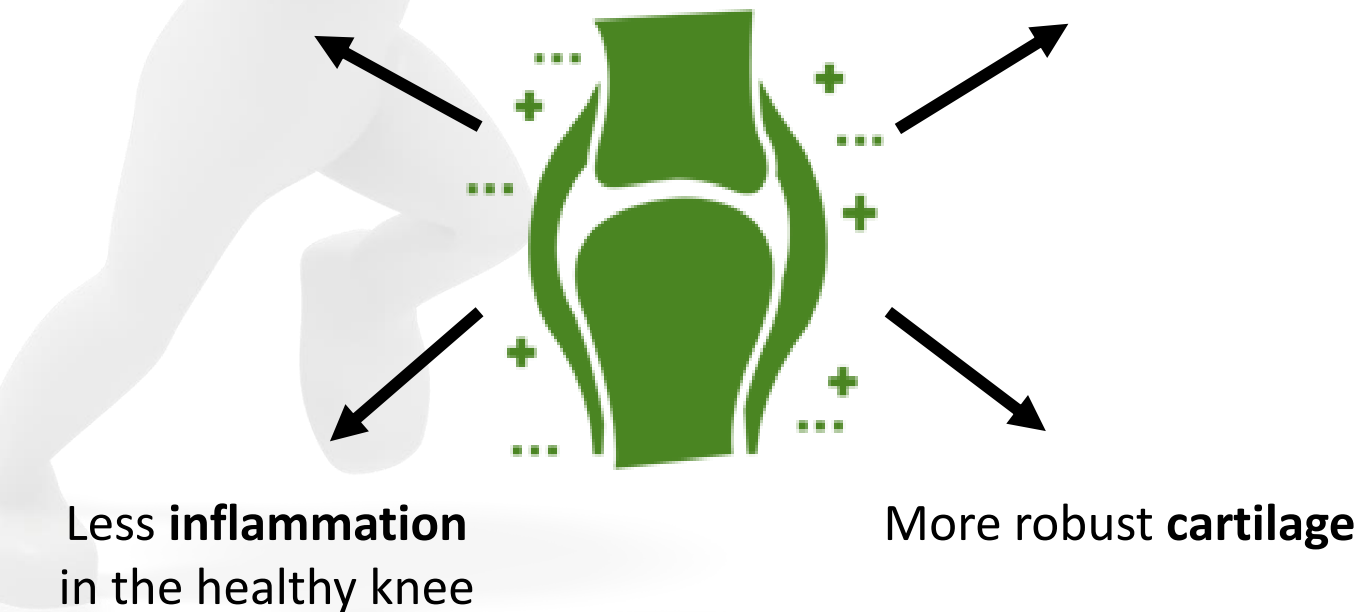
Alentorn-Geli et al. (2017), Timmins et al. (2017)

# WHAT IF RUNNING HELPED YOUR KNEES GET STRONGER?

Running can have a **positive effect** on the **knee** when the **ideal load** (dose of activity) is applied

Increased **bone** density (solid bones)

Increased capacity of **muscles**



Healthy bones, muscles and cartilage can help maintain healthy knees!  
Note that the **ideal load varies** according to many factors (age, habits, sleep, etc.) and is **different from one person to the other**.

## References

Horga et al. (2019), Hyldahl et al. (2016), Van Ginckel et al. (2010)





# IS RUNNING BAD FOR PEOPLE WITH KNEE OA?



Exercise is **helpful** for people with knee OA.

Exercising with **moderate impact** is **not harmful** for the knee cartilage.



**DID YOU KNOW?**



**Recreational running in people with knee OA...**



Does **NOT** seem to increase symptoms



Does **NOT** seem to damage knee joint structures



May require more recovery time following a run



Runners with knee OA may wish to consider adjusting training according to symptoms. Example: run shorter distances, run a little bit slower, avoid downhill running.



## *References*

*Bricca et al. (2019), Esculier et al. (2019), Lo et al. (2018)*

# IN SUMMARY, RUNNING MAY BE GOOD FOR KNEE HEALTH!



1

Knee OA is a **common** cause of pain and disability



2

Running is great for **physical** health, **mental** health and **knee** health

3

Knee OA is **less frequent** in **recreational runners** than in sedentary people or elite runners

4

Recreational running may have a **positive effect** on knee health by making **bones**, **cartilage** and **muscles** stronger

5

**Exercise** is good for people with knee OA. Running provides a simple inexpensive option to maintain good exercise habits

*\*More studies are needed to provide specific guidelines on optimal running parameters*



# REFERENCES

1. **Alentorn-Geli E. et al. (2017).** The association of recreational and competitive running with hip and knee osteoarthritis: a systematic review and meta-analysis. *Journal of Orthopaedic & Sports Physical Therapy* 47(6):373-390.
2. **Bricca A. et al. (2019).** Impact of exercise on articular cartilage in people at risk of, or with established, knee osteoarthritis: a systematic review of randomised controlled trials. *British Journal of Sports Medicine* 53(15):940-947.
3. **Culvenor A.G. et al. (2019).** Prevalence of knee osteoarthritis features on magnetic resonance imaging in asymptomatic uninjured adults: a systematic review and meta-analysis. *British Journal of Sports Medicine* 53(20):1268-1278.
4. **Driban J.B. et al. (2017).** Is participation in certain sports associated with knee osteoarthritis? A systematic review. *Journal of Athletic Training* 52(6):497-506.
5. **Eime R.M. et al. (2013).** A systematic review of the psychological and social benefits of participation in sport for adults. *International Journal of Behavioural Nutrition and Physical Activity* 10:135.
6. **Esculier J.F. et al. (2019).** Cartilage recovery in runners with and without knee osteoarthritis: a pilot study. *The Knee* (In press).
7. **Finan P.H. (2013).** Discordance between pain and radiographic severity in knee osteoarthritis: Findings from quantitative sensory testing of central sensitization. *Arthritis & Rheumatism* 65(2):363–372.
8. **Hespanhol Junior L.C. et al. (2015).** Meta-analyses of the effects of habitual running on indices of health in physically inactive adults. *Sports Medicine* 45(10):1455-1468.
9. **Horga L.M. et al. (2019).** Can marathon running improve knee damage of middle-aged adults? A prospective cohort study. *BMJ Open Sport & Exercise Medicine* 5: e000586
10. **Hyldahl R.D. et al. (2016).** Running decreases knee intra-articular cytokine and cartilage oligomeric matrix concentrations: a pilot study. *European Journal of Applied Physiology* 116(11-12):2305-2314.
11. **Kalak N. et al. (2012).** Daily morning running for 3 weeks improved sleep and psychological functioning in healthy adolescents compared with controls. *Journal of Adolescent Health* 51(6):615-622.
12. **Lo G.H. et al. (2018).** Running does not increase symptoms or structural progression in people with knee osteoarthritis: data from the osteoarthritis initiative. *Clinical Rheumatology* 37(9):2497-2504.
13. **Oja P. et al. (2015).** Health benefits of different sport disciplines for adults: systematic review of observational and intervention studies with meta-analysis. *British Journal of Sports Medicine* 49(7):434-440.
14. **Osteoarthritis Research Society International (OARSI) 2019:** <http://www.oarsi.org>
15. **Pedisic Z. et al. (2019).** Is running associated with a lower risk of all-cause, cardiovascular and cancer mortality, and is the more the better? A systematic review and meta-analysis. *British Journal of Sports Medicine* (early online)
16. **Silverwood V. et al. (2015).** Current evidence on risk factors for knee osteoarthritis in older adults: a systematic review and meta-analysis. *Osteoarthritis & Cartilage* 23(4):507-515.
17. **Szabo A. & Ábrahám J. (2013).** The psychological benefits of recreational running: a field study. *Psychology, Health & Medicine* 18(3):251-261.
18. **Timmins K.A. et al. (2017).** Running and knee osteoarthritis: a systematic review and meta-analysis. *American Journal of Sports Medicine* 45(6):1447-1457.
19. **Van Ginckel A. et al. (2011).** Functional adaptation of knee cartilage in asymptomatic female novice runners compared to sedentary controls. A longitudinal analysis using delayed Gadolinium Enhanced Magnetic Resonance Imaging of Cartilage (dGEMRIC). *Osteoarthritis & Cartilage* 18(12):1564-1569.
20. **Wallis J.A. et al. (2019).** Experience of living with knee osteoarthritis: a systematic review of qualitative studies. *BMJ Open* 9(9):e030060.