



KEEP ON RUNNING

Is running really bad for your knees? Orthopaedic surgeon Mr Aslam looks at what 33 marathons can teach us

Imagine running a marathon. Now imagine waking up the following morning and doing it again. Then repeating that every day for more than a month. Most people would assume that by the end of such a challenge, your knees would be irreparably damaged. As an orthopaedic surgeon specialising in knee sports injuries, I was curious enough to find out.

Recently, the FTD brothers completed an extraordinary fundraising challenge for frontotemporal dementia in memory of their mother Geraldine Adams. Having already conquered the London Marathon, they went on to run another 32 marathons on consecutive days around Ireland. That's 33 marathons. Nearly 900 miles. If impact alone causes knee damage, surely this would.

When they returned home, I arranged MRI scans of both runners' knees. I wanted to answer one of the commonest questions I'm asked in clinic: 'Doctor, is running ruining my knees?' The results surprised even me.

There was no evidence of stress reactions within the bones. No bone bruising. No new meniscal tears. No signs that their knees

had suffered structural damage from this extraordinary challenge.

Now, two MRI scans do not rewrite medical science. But they provide a fascinating real-life example that fits remarkably well with what decades of research have been telling us. Running, in itself, is not the enemy.

The biggest myth about knees

For many years, people have imagined the knee as though it were a car tyre – the more miles you cover, the more it wears away. It's an attractive idea. Unfortunately, it isn't true.

Unlike mechanical parts, our joints are living tissue. Bone constantly remodels itself. Cartilage responds to movement. Muscles strengthen. Tendons adapt. The knee is remarkably good at coping with load – provided that load is introduced sensibly.

That's one of the reasons exercise is so beneficial, not only for our heart and lungs, but also for our joints.

What does the science tell us?

Perhaps surprisingly, large research studies have consistently shown that recreational

runners are no more likely to develop knee osteoarthritis than people who don't run. In fact, some studies suggest recreational runners may actually have a lower risk.

Why? Because movement nourishes cartilage, strengthens muscles, improves balance and helps maintain a healthy body weight – all factors that protect the knee over time.

Elite athletes are different. Years of high-level competition, previous ligament injuries, meniscal surgery and extremely high training volumes can increase the risk of arthritis.

But that's a very different situation from the average person enjoying regular runs around Worcestershire or the Cotswolds.

So why do some knees wear out? This is where the FTD brothers' MRI scans became particularly interesting. If mechanical loading alone caused knee damage, we would have expected to see changes after 33 marathons. We didn't.

That reinforces something we increasingly recognise in orthopaedics. Genetics matter. Previous injuries matter. Alignment matters. Inflammation matters. Muscle strength

matters. The health of our knees is influenced by many interacting factors – not simply the number of miles we've run.

As I reviewed their scans, one thought kept returning. The knee isn't like a car tyre that simply wears out with mileage. It's a living organ that adapts remarkably well to sensible loading.

That doesn't mean everyone can run unlimited distances without consequence. It means the relationship between exercise and arthritis is far more complex than we once believed.

When running does cause problems

Of course, runners do get injured. I see them every week. Fortunately, most problems aren't caused by the joint 'wearing out'. Instead, they're usually due to conditions such as meniscal tears, ligament injuries, tendon problems, kneecap pain or stress injuries that occur when training increases too quickly.

The good news is that many of these conditions respond extremely well to early diagnosis and appropriate treatment. The key is understanding exactly what is causing the pain.

Not every painful knee needs surgery

One of the biggest misconceptions I encounter is that knee pain automatically means an operation. Fortunately, that's rarely the case.

Modern MRI scanning allows us to diagnose the precise cause of symptoms, rather than relying on guesswork. Once we



understand the problem, treatment can often be tailored without surgery.

For suitable patients, modern injectable therapies – including hyaluronic acid and Arthrosamid – can provide significant pain relief and improve function alongside physiotherapy, activity modification and strength training.

Every knee is different, which is why accurate assessment is so important.

The take-home message

Watching the FTD brothers complete one of the toughest endurance challenges imaginable was inspiring. Looking at their MRI scans afterwards was equally fascinating.

Their experience doesn't prove that running can never damage a knee – but it adds to the growing body of evidence that healthy joints are far more resilient than many people believe. Running is not simply a process of wearing your knees away.

For most people, sensible exercise remains one of the best investments they can make in their long-term joint health.

If knee pain is stopping you from enjoying an active lifestyle, don't assume you

have to live with it – or that surgery is your only option.

At the Cotswold Knee and Hip Clinic in Broadway, we specialise in the assessment and treatment of knee sports injuries, arthritis and hip conditions. We offer expert clinical assessment, rapid access to MRI scanning where appropriate and the latest evidence-based non-operative treatments, including hyaluronic acid and Arthrosamid injections for suitable patients.

Our aim is always the same: to identify the cause of your pain, explore every appropriate non-surgical option first, and help you return to the activities you enjoy.

To arrange your personalise treatment journey please contact Katie Davies.

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