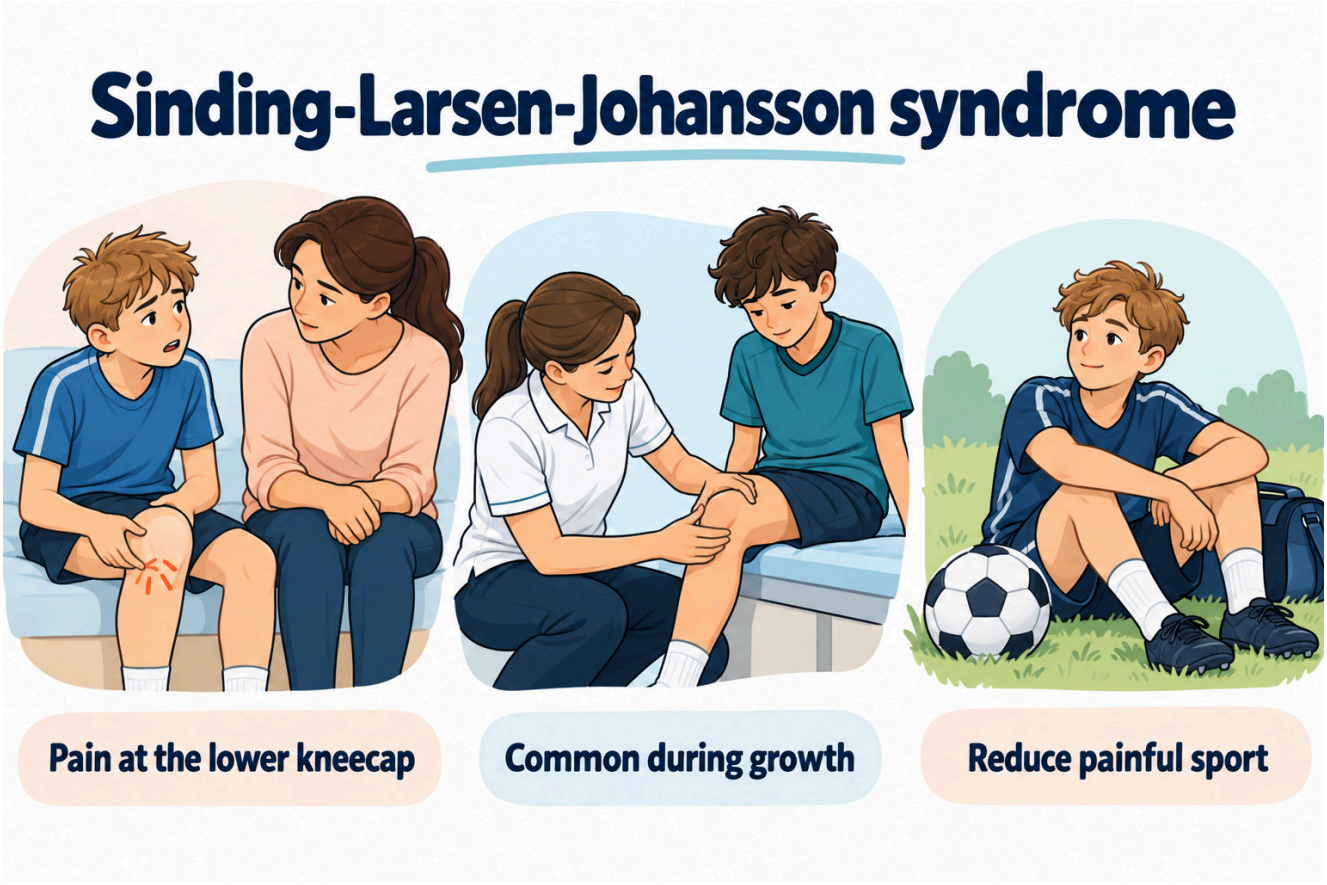
Sinding-Larsen-Johansson

Information for children, parents and carers

Sinding-Larsen-Johansson

A guide to symptoms, treatment and recovery



Understanding the condition

Sinding-Larsen-Johansson (SLJ) syndrome is an overuse problem at the lower edge of the kneecap, where the patellar tendon attaches. It commonly affects active children aged 10-14 during growth.

Supporting your child

Reduce painful activity and follow rehabilitation advice. Gentle flexibility and strength work, with a gradual pain-free return to sport, usually supports full recovery. Returning too early can bring symptoms back.

Symptoms and assessment

Understanding the cause and when to seek help

Why does it happen?

Repeated jumping, sprinting or kicking can stress the tendon attachment during growth. Sudden training increases, tight thigh or hamstring muscles and reduced hip, thigh or core strength may contribute.

Common symptoms

Pain at the bottom of the kneecap, tenderness or swelling at its lower edge, and stiffness after activity or in the morning. Running, jumping, squatting or kneeling may aggravate pain, which improves with rest.

How is it assessed?

The clinician asks about symptoms and examines tenderness at the lower kneecap. X-rays may check small bony changes or rule out other problems; MRI is rarely needed.

Activity during recovery

Reduce or stop painful running, jumping and kneeling while symptoms settle. Swimming or cycling may be options if pain-free. Recovery time varies with severity and response to care.

When to request review

Seek advice if pain worsens despite rest and exercise, the knee is swollen or red, pain affects daily activities, a limp develops, or you are unsure whether the problem is SLJ.

Key message

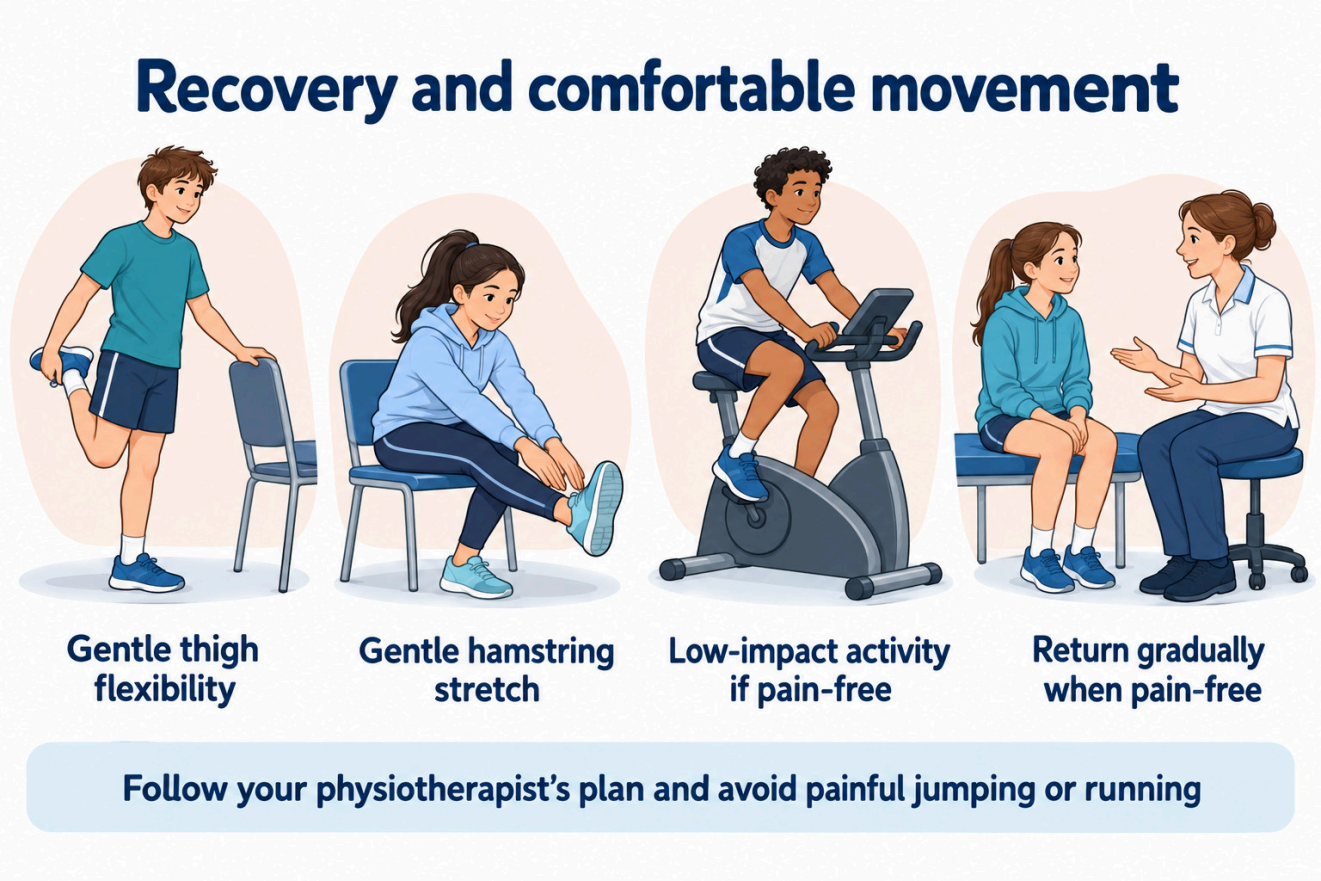
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Exercises and rehabilitation

Activity guided by your child's healthcare team

Before starting activity

Use the physiotherapy plan recommended for your child. Keep flexibility work gentle and comfortable, and use low-impact activity only when it does not provoke pain.



Activity guidance

Flexibility: gentle quadriceps and hamstring stretches.
Strength: thigh, hip and core work selected by the physiotherapist.
Activity: swimming or cycling only if pain-free.
Sport: build back gradually when pain-free and advised.

Important precautions

Avoid painful jumping, running, kneeling or forced stretches. Arrange review for worsening pain, swelling or redness, daily activity limitations or a new limp.

Treatment and next steps

Caring for your child and finding support

Rest and comfort

A period of reduced painful sport is usually needed, often several weeks and longer for severe symptoms. Wrapped cold packs for 10-15 minutes after activity may help. Follow suitable pain-relief instructions for your child.

Physiotherapy and protection

A programme may address thigh and hamstring flexibility and hip, thigh and core strength. A clinician may recommend a patellar strap or cushioned knee pads. Use supportive footwear and avoid sudden training increases.

Return to sport and outlook

Return gradually once pain-free, following the physiotherapist's programme. Most children recover fully and symptoms rarely persist into adulthood. Pushing through pain or returning early can cause recurrence.

Questions or concerns?

Ask for review if pain worsens despite rest and exercises, the knee swells or becomes red, daily activities are affected, a limp develops or the diagnosis is uncertain. Your clinician can adapt the recovery plan.

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