



Medial Femoral Condyle (MFC)

The tender points of the knee include the medial meniscus (MM), medial hamstring (MH), anterior medial meniscus (AMM), rotary knee (RK), pesanserine (PES), patella tendon extension (PTE), medial patella (MPAT), lateral patella (LPAT), lateral meniscus (LM), lateral hamstring (LH), popliteus (POP), posterior cruciate ligament reflex (PCL), and the anterior cruciate ligament reflex (ACL). These are all taught by the Jones Institute and demonstrated in Jones Strain-Counterstrain books. Also described in the literature is the anterior fibula (AFIB) and posterior fibula (PFIB) as described in Counterstrain Approaches in Osteopathic Manipulative Medicine by Friedman, Gillar, and Glassman. This is a paper to possibly introduce a newly discovered tender point and the treatment for this dysfunction.

The tender point is what I have labeled the Medial Femoral Condyle (MFC). I have been finding and playing with this tender point for over 10 years. I do not recall how or why I had searched for this initially, however, recently I was referred a 30 year old female ER nurse that was about 8 weeks status-post ACL reconstruction. Due to her job duties she was forced to be in many bizarre contorted positions. On one occasion she could relate that she had been down on her knee straddling a person with her weight through her knees to restrain her patient. During the incident, the patient moved quickly and experienced a pain in the deep medial aspect of her knee. She was evaluated for all the commonly taught Strain and Counterstrain tender points. The ACLL, MHSL, and MPATL tender points were found. These were treated successfully and the patient was asked to walk around a little and report how she felt. Upon arising her knee felt better however she continued to complain of a deep pain in the medial aspect of the knee. She attempted to point and rub it, however, she could not get to the pain point. That is when I remembered the point I had found 10 years prior. The MFC point is located on the most distal end of the medial femoral condyle of the involved knee. It is located by flexing the patient's knee to about 90 degrees so that the most distal end of medial femoral condyle is located. The palpation is of a cartilage/bony type feel to palpation. The tender point can be confused with a diagnosis of Osteochondritis or Osteochondrolysis. However, radiographic studies may not confirm this diagnosis. After fumbling around for a treatment position that relieved her pain and tenderness, the treatment position of 90 degrees knee flexion with marked (40 degrees) of external rotation of the knee provided both palpable relief and subjective relief. After holding this position for the requisite 90 seconds and then a slow return to neutral the tender point was rechecked for palpable findings. The point had complete resolution of palpable findings and subjective complaints of tenderness. The patient was again asked to arise and walk around to test the knee. After this treatment the patient reported that it had completely resolved the symptoms of deep pain in the medial aspect of the knee. Since this treatment, my cohorts and I have evaluated over 100 knees and found this point very consistently (about 30% of the time). If the MFC tender point is located, the treatment position as described has proven successful in gaining relief of the tender point and the subjective complaints of deep pain. I will be interested to hear if others are able to locate this point consistently and are successful with the treatment as outlined above. Please, if you would, keep track of the number of tender points found and treated and the rate of success.

In conclusion, this is the presentation of possibly a new tender point located on the distal medial femoral condyle surface. The patient will complain of deep medial knee pain. The position of relief, mobile or wobble point, is with the knee bent to 90 degrees with marked external rotation of the knee bringing the lower extremity laterally.

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Medial Femoral Condyle

Tender Point: Found on the distal end of the medial femoral condyle. Locate by flexing the knee to 90 degrees to reveal the distal end of the medial condyle. Push medially.

Complaint: Deep, achy medial knee pain.

Treatment: Patient sitting. Knee flexion 90 degrees. Tibial external rotation marked.

