

KNEE STRENGTH / 4-WEEK STARTER

Knee strength starter programme

A four-week starting plan for cricketers

A practical starter for cricketers: begin with comfortable knee loading, build single-leg strength, then introduce small jumps when ready. Four weeks is a guide, not a recovery deadline.

Who this plan may suit

For athletes with gradual-onset knee pain during squatting, stairs, running or cricket. It may suit some common load-related knee problems, but pain location alone cannot confirm the cause.

Get assessed before starting if

Pain followed a twist, fall or direct blow; you have swelling, locking, giving way, recent surgery or difficulty fully straightening the knee. Get assessed before starting. This plan does not replace individual care.

The plan at a glance

CHECK	WHAT TO DO
Frequency	Two sessions in week 1; build to two or three a week if symptoms settle well.
Session	About 15-25 minutes. Leave at least one rest day between sessions.
Equipment	A wall, sturdy chair, low step and clear non-slip floor. Optional: a small weight and a support for balance.

Use your response to guide the next step

CHECK	WHAT TO DO
Manageable	Mild discomfort can be okay if your movement stays controlled and symptoms settle back near usual by the following morning.
Scale it back	If pain builds as you go, changes how you move, or is clearly worse the next day, reduce the range, resistance or number of sets.
Stop and get advice	Stop for sharp worsening pain, new swelling, locking or giving way. Seek advice before continuing.

01 / WEEKS 1-2

Start with a manageable load

Begin with two sessions in the first week. If the knee settles well by the following morning, build to two or three sessions a week. Leave at least one rest day between sessions.

EXERCISE	DOSE	HOW TO DO IT
Sit-to-stand	2-3 sets 8-12 reps	Stand from a sturdy chair, then sit slowly. Keep both feet planted. Use a higher seat or light hand support to make it easier.
Low step-up	2 sets 8 / side	Step onto a low, sturdy step. Push through the working leg and lower slowly. Use a rail for balance. Start with a lower step if needed.
Wall sit	3 holds 20-30 sec	Lean your back on a wall, feet forward. Slide into a comfortable shallow squat and hold. Breathe normally. Start with shorter holds or less bend if needed.

How hard should it feel?

Use a moderate effort and leave a few controlled repetitions in reserve. Rest 60-90 seconds between sets. Shorten the hold, reduce squat depth or use a higher chair if symptoms build. Isometrics need not relieve pain to be useful.

A simple session log

CHECK	WHAT TO DO
Date / session	_____ Knee during exercise: _____
Next morning	About the same / better / clearly worse Change for next time: _____

02 / WEEKS 3-4

Build the challenge gradually

Progress when walking, stairs and the earlier exercises feel manageable, with no new swelling or next-day flare. Add jumps only when single-leg exercises settle well.

EXERCISE	DOSE	HOW TO DO IT
Sit-to-stand	3 sets 8-12 reps	Continue controlled sit-to-stands. Add a small weight at your chest or use a slightly lower chair when the current version settles well.
Supported split squat	2 sets 8 / side	Take a split stance and hold a support. Bend both knees through a comfortable range, then rise. Keep most effort through the front leg. Add weight gradually.
Single-leg chair squat	2 sets 6-8 / side	On one leg, lower slowly towards a high chair, then stand. Use hand support. Start shallow; use a staggered stance if single-leg loading is too much.
Small jump + stick	2 sets 5 jumps	On a clear floor, make a small two-leg jump. Land softly and hold for 2 seconds. Reset each time. Do first, while fresh; skip for swelling, limping or worsening pain.

Progress one thing at a time

When you complete the top of the repetition range with good control and your knee is not clearly worse the next day, make one small change: add a few repetitions, increase the comfortable range, or use slightly more resistance. Keep the earlier version if the next step does not settle well.

If you are not ready to progress

Repeat the week 1-2 plan, reduce the range or resistance, or leave out the exercise that keeps aggravating your knee. You do not need to force painful movement to make progress.

Track the response

CHECK	WHAT TO DO
Week 1	Sessions: 1 / 2 / 3 Knee next day: _____
Week 2	Sessions: 1 / 2 / 3 Knee next day: _____
Week 3	Sessions: 1 / 2 / 3 Knee next day: _____
Week 4	Sessions: 1 / 2 / 3 Knee next day: _____

03 / RETURN TO ACTIVITY

Use strength in training and cricket

Build capacity for running between wickets, fielding and bowling. Progress according to symptoms and control, rather than the calendar.

For cricket: Running, fielding and bowling

Keep comfortable training going. Reduce loads that flare symptoms, such as sprinting, deep crouches or long bowling spells. Once strength and small jumps settle well, build from easy running to faster running, direction changes and cricket drills. Change volume, speed or intensity one at a time. Allow recovery between demanding sessions. This starter is not clearance for unrestricted cricket.

When to get help

CHECK	WHAT TO DO
Book an assessment	Book a GP or physio assessment if pain worsens, is not improving after two weeks, affects sleep or daily tasks, follows an injury, or comes with recurrent swelling, locking or giving way.
Seek urgent care	Seek urgent care if you cannot bear weight or move the knee, it locks, looks deformed or rapidly swells after injury. A hot, red, swollen knee with fever needs urgent assessment. Call 000 for chest pain or breathlessness with new calf swelling.

Why this programme uses exercise

Guidelines for patellofemoral pain support exercise targeting the knee and hip. This does not mean every painful knee has that diagnosis. These exercises and doses are a practical starting template; the jump progression is a later-stage option, not a tested four-week protocol.

Further reading

Willy RW et al. Patellofemoral Pain: Clinical Practice Guidelines.

JOSPT. 2019;49(9):CPG1-CPG95. doi:10.2519/jospt.2019.0302

NHS: Knee pain — nhs.uk/symptoms/knee-pain/

This is general education, not a diagnosis or individual treatment plan. Seek advice from a physiotherapist or GP if unsure whether it is suitable.