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Strength Training Mistakes That Could Be Hurting Your Knees and How to Correct Them

Experts say number five is more important.

BY JENNY MCCOY PUBLISHED: OCT 10, 2026

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Knee pain is very common, especially among older adults. In a **2011 study** of more than 500 people over the age of 50, nearly a third of the men (32%) and more than half the women (58%) reported knee pain.

Regular **strength training** is one of the best things you can do to both prevent *and* manage knee issues. But having good form is crucial: Improper technique can overload the knees, upping your chances of pain and injury at the joint.

Read on to learn five common strength-training mistakes people make that can contribute to knee pain—and how to avoid them.

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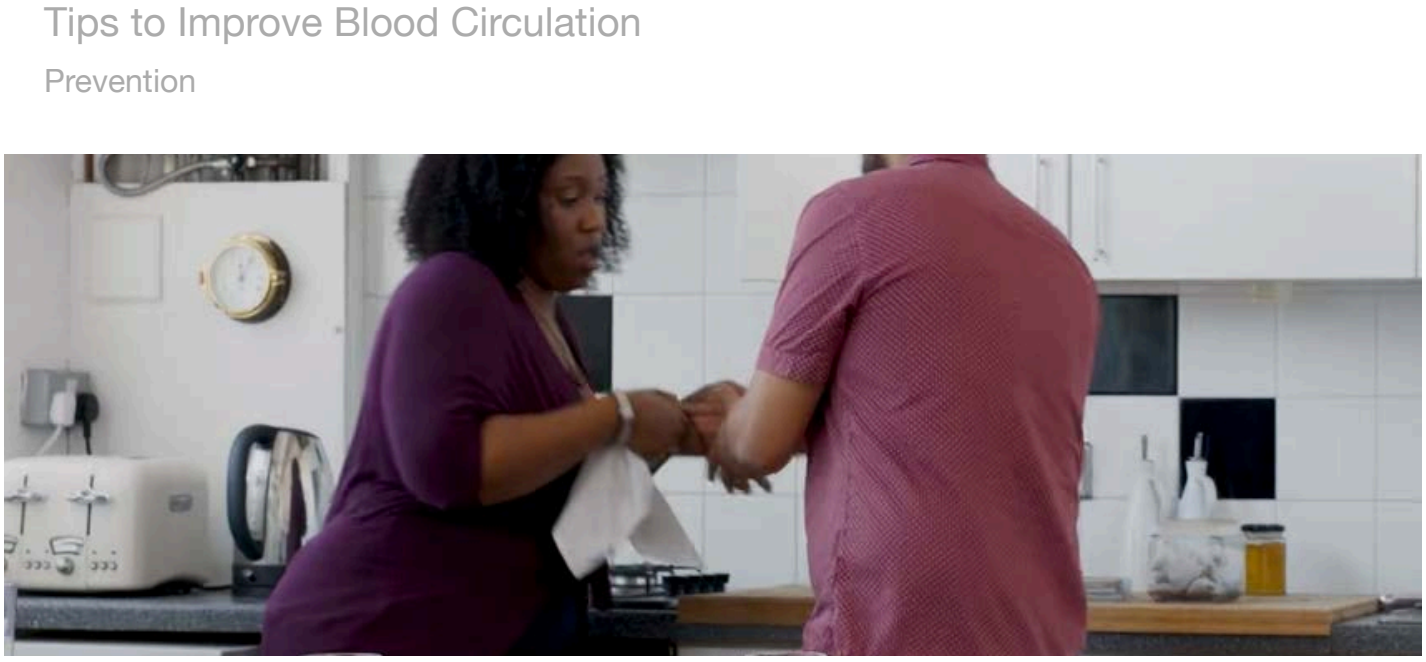

1. Your knee caves in during a lunge or squat.

This is the most common form error that leads to knee pain, according to Casey Lee, P.T., D.P.T., a Texas-based geriatric physical therapist at **ATI Physical Therapy**. It involves the knee collapsing inward (a term technically known as valgus) with a lunge or squat, instead of pointing in the same direction as your feet. People also sometimes make this mistake when using the leg press machine, adds **Michelle Rogers**, certified personal trainer and senior fitness specialist in North Carolina.

Valgus can cause the knee to take on a bunch more stress than it's designed to, making the joint more susceptible to pain and injury.

Watching yourself in a mirror can help correct this error: As you squat, lunge, or do a leg press, make sure your knees point in the same direction as your toes the whole time. Simply staying mindful about proper technique while you strength train—versus tuning out to music or a podcast—can also help you avoid valgus, Lee adds.

In other cases, though, you may be dealing with limited ankle mobility or weakness in your glute medius (a small muscle of the buttocks, located toward the outside of your hip) and/or **core muscles** that make it difficult for you to maintain good knee alignment, Lee says. So if valgus persists despite your best efforts to remedy it, get evaluated by a physical therapist. They can help you understand the root cause and ways to address it.

2. You have limited ankle mobility and lean forward in a lunge.

If you've got tight ankles and lean far forward in a lunge to the point where your knee tracks *beyond* your toes, your ankle can pronate (roll inward) because it doesn't have the mobility to stay straight. This, in turn, can twist your tibia (shinbone), which can really irritate your knee, Lee explains.

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So, if you have tight ankles (which you can suss out at home with the **knee-to-wall test**), make sure your knees don't push beyond your toes when you lunge. Stepping out farther with your front foot can make it easier to nail correct form. And

watching yourself in a mirror or having a gym buddy scope your lunge can be really helpful, too.

3. You step too wide on a curtsy lunge.

The curtsy lunge is where you step back and diagonally with one leg, then bend both knees to lower down. This exercise works the legs and glutes while also training **balance** and stability, but it's not as simple as it looks.

In fact, "it's really easy to torque your knee with a curtsy lunge," Rogers says. This typically happens because the cross-behind movement adds balance and coordination demands, which can make people more likely to lose proper knee alignment on the front leg, Rogers explains. Specifically, the front knee can collapse inward or rotate while the foot remains planted, which can increase unwanted rotational stress at the knee, she says.

Sometimes, the back knee can twist, too: This often happens when people step their back leg too far across the body so that the knee faces diagonally or sideways instead of straight downward. "Our knee isn't meant to rotate in that way," Rogers explains. So doing a lunge from this position can overload the joint.

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For that reason, Rogers generally doesn't prescribe this exercise to older clients or people with knee problems. But when it *is* in the mix, she's careful on the cueing, emphasizing the following points:

- Stay controlled in the movement and take a relatively small diagonal step (versus an exaggerated one).
- Keep the front foot planted and make sure the kneecap tracks in the same direction as the toes.

- Lower down only as far as you can while maintaining good alignment.
- Don't let either knee collapse inward, but instead, keep it aligned with the ankle.

Final tip: If you're struggling to maintain knee-to-toe alignment or feel knee pain with this move, reduce your range of motion or choose an alternative exercise, such as a **reverse lunge** or split squat, Rogers says.

4. You wear old or nonsupportive shoes.

You probably don't think about your **shoes** much when you exercise, but an ill-fitting or worn-out pair can really hinder your gait and balance, and also cause your knees and hips to take on extra stress, Rogers says. For example, donning a pair that doesn't have enough stability (either due to design or natural wear) can cause your joints to take on excess force as you move, leading to pain and injury.

Lack of stability may not always be obvious by the look of a shoe, so it's important to pay attention to how you feel in them. For example, if you feel unsteady, have trouble balancing, or if your ankle is wobbly while you move, then it's worth considering whether your shoes may be due for an upgrade.

"When I start feeling discomfort in my feet, knees, or hips after a power walk, for example, then I know it's time for a new pair," Rogers says. "I've found that many people don't take their shoe into consideration for their aches and pains, but the right pair of shoes or orthotics could make a difference."

Plus, wearing shoes with worn-out soles is like “driving on bald tires,” Rogers adds. You’re more prone to slips and falls, both of which can torque your knee, she explains.

To avoid this, Rogers advises visiting a local specialty store to get properly fitted with a shoe and then regularly replacing them. **Podiatrists recommend** buying new ones every 300 to 500 miles, or at least every year.

5. You avoid strength training altogether because of knee pain.

If you’re already dealing with knee pain, you may think that pausing your **strength-training plan** is the logical next step so that your joint can heal. But completely resting is “the absolute wrong thing to do,” Lee says.

That’s because rest might help you feel better temporarily, but it won’t solve the root problem, which is that the tissues that support your knee are damaged and need to be repaired, she explains. “And the only way you’re going to do that is with some type of recovery plan,” she says.

Plus, total rest can actually worsen knee pain by causing your tissues to become even weaker. The weaker your knee is, the more stress it will take on when you move, which can exacerbate pain, Lee says. Moreover, the muscle loss that happens when you stop moving can lead to frailty, which, in turn, ups your fall risk, Rogers adds.

So instead of totally resting, Lee recommends following a recovery plan. This can include things like **stretching**, soft tissue mobility work (such as foam rolling, massage guns, and cupping), and isometric strength exercises (those where you get into a position and hold, like a wall sit), which help strengthen the muscles that support the knee without actively bending and straightening the joint. A recovery plan should emphasize **sleep**, hydration, and nutrition, too, she adds.

Beyond that, you can modify exercise so that you can continue moving without exacerbating knee pain. For example, do seated (versus standing) exercises, use props like TRX straps or a chair for added support, or take your workouts to the pool to build strength and mobility while lessening the impact on your joints, Rogers says.

Of course, if you have new or worsening knee pain, get checked out by a physical therapist or orthopedic doctor. They can help identify the root cause of your pain and advise on next steps.

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