

Patellofemoral Pain Syndrome

What is Patellofemoral pain syndrome(PFPS)?

PFPS, or 'anterior knee pain', is a common knee problem where pain often arises from irritation of areas behind and below the kneecap.

Who gets it?

PFPS accounts for 25 to 40% of knee pain in young and active individuals, with females more likely to experience PFPS than males. It is also common in teenagers, manual labourers and athletes.

What are the symptoms?

Pain arising from the front of the knee, often with certain activities (sitting with knee bent, walking, particularly walking up and downstairs).

How is it diagnosed?

There is no specific test to diagnose PFPS - a description of symptoms is what will allow you health professional to come up with a diagnosis. Tests such as x-rays can be helpful in some cases.

Patellofemoral Pain Syndrome (continued)

What can I do to help?

- It is important to remain active, making changes to your usual exercise routine or daily activities as needed
- Anti-inflammatory medication can offer short term pain relief. However, before using these, you should ask the advice of your GP or a pharmacist
- Losing weight if you are overweight can help

How can therapy help?

A therapist can advise you on appropriate exercises to strengthen and stretch the muscles around the knee and hip which has the best evidence for helping manage PFPS.

Exercises will usually need to be performed for about 3 months before you see any significant changes in you symptoms. The below exercises may help:



Images and wording courtesy of Physitrack

Lie on your good side, making sure there is a straight line from your head, through your trunk, down your legs to your toes. Straighten your legs and pull the toes up towards you. Raise the top leg straight up, then control the motion back down. Ensure your leg goes directly up, as though sliding up and down a wall.

What other treatments might help?

Most patients with PFPS will have improvements in pain, function and optimal quality of life. The best treatments for this are exercise based treatments, where the beginning of improvements are seen at 12 weeks.

There are some other nonsurgical treatments for PFPS with mixed evidence effectiveness including taping and orthotics.

Referral for surgical opinion can be considered as a last resort and is not required for the majority of patients with this diagnosis.

If patellofemoral pain persists despite appropriate treatment then it may be appropriate to consider a referral to a Physician or Physiotherapist with expertise in pain management.