

Easts Rugby Club O'Sullivan Road Bellevue Hill NSW 2023

> t 02 9328 3822 f 02 9328 3811

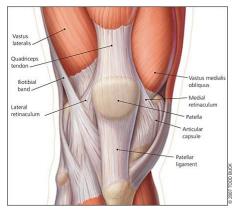
PATELLOFEMORAL PAIN

Patellofemoral pain (PFP) often referred to as 'runners knee' is the most common cause of anterior (front) knee pain.

As the knee moves from a straight to a bent position the patella should track in the intercondylar groove of the femur. In order for the to happen the patella is held in place by a balance of muscles and tendons around the knee.

PFP is the result of maltracking of the patella and this is most commonly the result of an imbalance of the quadriceps muscles with the lateral (outer) structures including the ITB and vastus alteralis becoming

excessively tight while the medial (inside) quadricep is weak. These tight muscles exert a powerful lateral pull on the patella causing it to



track slighty off centre resulting in pain and inflammation at the front of the knee.

Symptoms:

- Vague pain at the front of the knee:
 aggravated by running and activities that load
 the knee joint in flexion eg: squats
- Possible tenderness around the patella
- Crepitus or grinding behind the patella
- Swelling may be present in acute cases

Diagnosing PFP can be easily done by an experienced physioterapist based on your clinical history and a thorough assessment. Further investigation is usually not required unless conservative management is proving ineffective.

Sudden changes in volume, intensity or the type of training can all result in increased load through PF joint and result in the onset of this condition.

More often than not lower limb biomechanics are the overall cause of PFP. People with pronated (flat) feet, internally rotated hips (feet point in slightly) and poor pevic stability are all at higher risk of developing PFP due to their affect on the alignment of the knee.

Your physiotherapist should address all these factors when treating your knee pain.

Initially treatment will be focused on resolution of pain through the use of electrotherapy, ice and taping to reduce inflammation and restore movement. In the longer term contributing factors need to be addressed using a variety of treatment techniques:

- Soft tissue releases of tight muscles (particuarly the quadriceps and ITB)
- Dry needling to assist with relaxation of overactive soft tissues.
- Rehabilitation program including strengthening and stretchin exercises
- Patella mobilisations
- Advice regarding footwear, potential need for orthoses and activity modification.
- Use of taping or bracing
- Icing

The quicker you address the cause of your knee pain, the sooner you will be back doing the exercise you love.

Think you may be suffering from 'Runner's knee? Don't let that niggle in your knee drag on and on.

Make an appointment to see one of our physiotherapists. Ross and Emma specialise in the treatment of sports and musculoskeletal injuries. Contact us on (02) 9328 3822

