

## Treatment Usually Involves:

- Alter training load – initially we recommend unloading the knee, then gradually introducing load/exercise.
- Taping – usually the knee-cap into position. Sometimes the Physio may also use Rock-tape.
- Patella mobilisations.
- Release tight muscles – especially outer thigh (ITB), outer hip (glutes and TFL), calfs, hip flexors.
- Rehab/Exercise Rehab – strengthen quads (VMO), gluteal strength/control, lower limb alignment.
- Correct poor training techniques/movement patterns.



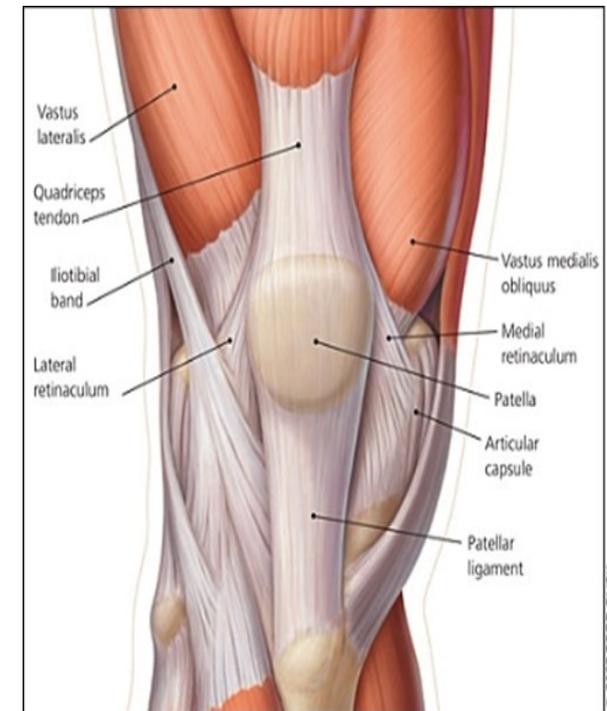
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## Patello-Femoral Pain Syndrome



CLIENT HANDOUT

## Patello-Femoral Pain Syndrome

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This is one of the most common knee complaints Physiotherapist's see. It usually presents as front of knee pain, and is caused by a tracking issue of the patella (knee cap) within the groove. This is usually because of tightness of muscles on the outside of the knee cap (pulling the knee cap out); and/or weakness of the muscles on the inside of the knee cap; and/or poor leg or foot posture. Pain can then be brought on by repetitive loading (overuse) of this joint; or after trauma (such as an injury or surgery). Pain and sometimes inflammation behind the knee-cap often ensues.

## Typically a client will present with:

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- Anterior knee pain (sometimes feels deep to knee cap). Pain can be diffuse and hard to localise.
- Pain aggravated by loaded activities involving repetitive knee bending/straightening (such as stairs, cycling, squatting, running) and prolonged knee flexion (such as sitting down for long periods of time with the knee bent).
- These risk factors will increase your chance of developing:
  - ⇒ Poor gluteal control – causing poor alignment of the knee and hip.
  - ⇒ Genu valgus (also known as 'knock kneed').
  - ⇒ Poor inner quad strength (the VMO muscle).
  - ⇒ Poor training technique.
    - ⇒ Excessive flat feet or excessively high arch.
    - ⇒ Tight Quads/calves/hip musculature (especially ITB).
    - ⇒ Abnormal patella mobility/position.