



This tool provides information to facilitate the management of patellofemoral pain (PFP) in adolescents and adults

## Focused examination



### 1. Patient History

- Assess level of concern for major structural or other pathologies. If required, refer to an appropriate healthcare provider.
- Identify and assess other conditions and co-morbidities. Manage using appropriate care pathways.
- Address prognostic factors that may delay recovery.

Major structural or other pathologies may be suspected with certain signs and symptoms (red flags) including:

- Sharp pain, persistent nagging ache, unexplained deformity, swelling, or redness of the skin, weakness not due to pain, fever/chills/feeling ill, pain at rest

Examples of other conditions/co-morbidities:

- Physical conditions: back pain, headache
- Psychological conditions: depression, anxiety
- Co-morbidities: diabetes, heart disease

Examples of prognostic factors that may delay recovery:

- Symptoms of depression or anxiety, passive coping strategies, job dissatisfaction, high self-reported disability levels, disputed compensation claims, somatization

### 2. Physical Examination

- Assess levels of concern regarding major structural or other pathologies.
- Assess for neurological signs.
- Make the diagnosis of PFP.

Criteria for PFP:

1. presence of retropatellar or peripatellar pain AND
2. reproduction of retropatellar or peripatellar pain with squatting, stair climbing, prolonged sitting, or other functional activities loading the patellofemoral joint (PFJ) in a flexed position AND
3. exclusion of all other conditions that may cause anterior knee pain including tibiofemoral pathologies

### 3. Management

- Offer information on nature, management, and the course of PFP. See [patient handouts](#) for more information to provide to patients.
- Discuss the range of effective interventions with the patient and, together, select a therapeutic intervention.

### 4. Reevaluation and discharge

- Reassess the patient at every visit to determine if: (1) additional care is necessary; (2) the condition is worsening; or (3) the patient has recovered.
- Monitor for any emerging factors that may delay recovery.

**Incorporate one or more valid and reliable outcome measurements when assessing and monitoring patients**

• [Self-rated Recovery Question](#)

• [Visual Analogue Scale](#)

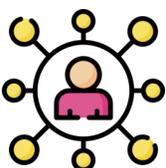
• [Patient-specific Functional Scale](#)

• [Pittsburgh Sleep Quality Index](#)

Visit our website for more [outcome measurements](#)

### 5. Referrals and collaboration

- Refer the patient to an appropriate healthcare provider for further evaluation at any time during their care if they develop worsening symptoms and new physical or psychological symptoms.



**Provide** structured patient education (advice to stay active, reassurance, promote and facilitate return to work and normal activities, self-care advice) and any one of the following therapeutic interventions\*:

**Consider** multimodal care<sup>†</sup>

- Combination of hip- and knee-targeted exercise therapy and one or more of the following:
  - tailored patellar taping in combination with exercise therapy
  - prefabricated foot orthoses for those with greater than normal pronation
  - physical therapy
  - gait retraining
  - acupuncture

**Consider** load management education and body weight management (when appropriate)

**Consider** blood flow restriction plus high-repetition knee exercise therapy

**Do not offer** dry needling<sup>‡</sup>

**Do not offer** manual therapy including lumbar, knee, or patellofemoral manipulation/mobilization<sup>‡</sup>

**Do not offer** patellofemoral knee orthoses, including braces, sleeves, or straps<sup>‡</sup>

**Do not offer** EMG-based biofeedback on medial vastii activity to augment knee-targeted (quadriceps) exercise therapy<sup>‡</sup>

**Do not offer** visual biofeedback on lower extremity alignment during hip- and knee-targeted exercises<sup>‡</sup>

**Do not offer** biophysical agents, including ultrasound, cryotherapy, phonophoresis, iontophoresis, electrical stimulation, and therapeutic laser<sup>‡</sup>

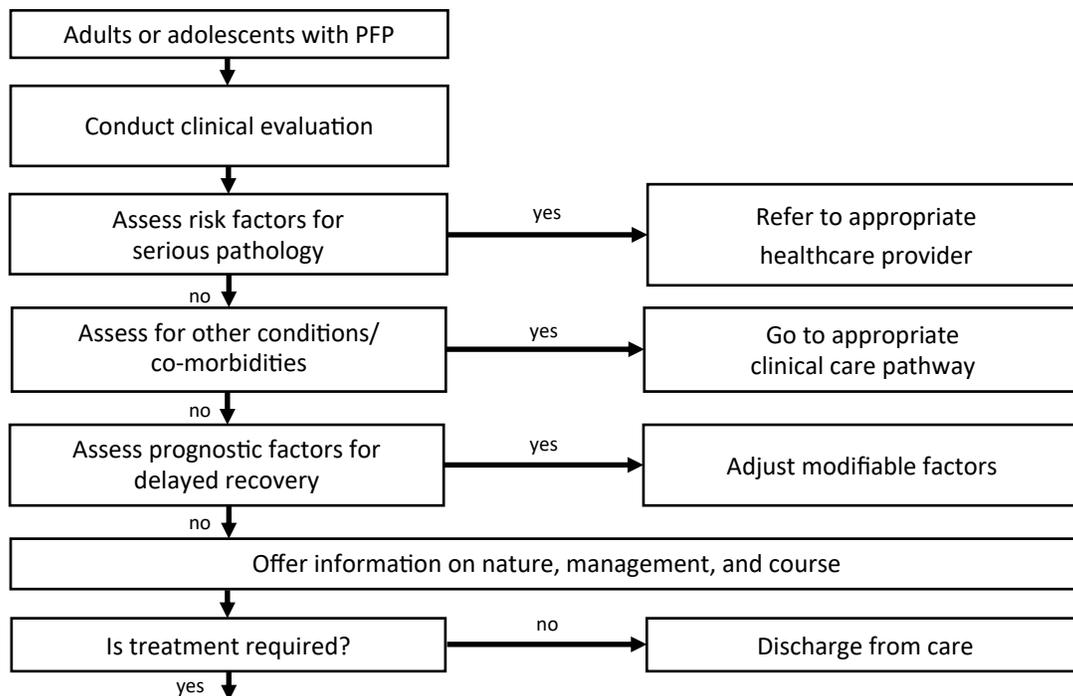
\*Interventions are recommended if guidelines used terms such as 'recommended for consideration' (e.g., 'offer', 'consider'), 'strongly recommended', 'recommended without any conditions required', or 'should be used'. Recommendations from low-quality evidence are not listed.

<sup>†</sup>Multimodal care: treatment involving at least two distinct therapeutic modalities, provided by one or more health care disciplines.

<sup>‡</sup>Intervention does not provide benefit

[Willy RW, Høglund LT, Barton CJ, Bolgia LA, Scalzitti DA, Logerstedt DS, Lynch AD, Snyder-Mackler L, McDonough CM. Patellofemoral Pain: Clinical practice guidelines linked to the International Classification of Functioning, Disability and Health from the Academy of Orthopaedic Physical Therapy of the American Physical Therapy Association. J Orthop Sports Ther. 2019; 49\(9\).](#)

## Care pathway for the management of patellofemoral pain



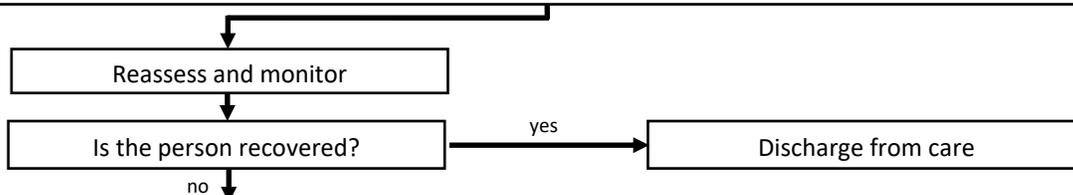
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