Patellofemoral Pain Syndrome (PFFS): An update on the conservative management

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Anatomical and functional alterations causing anterior knee pain. Epidemiology: mainly young adults, young athletes, specific sports (running, jogging, jumpers), about 20% of women practicing sports (soccer, volley, running). More common in female athletes. Etiology: multifactorial. Anatomical (valgus deformity most common, MPFL provided about 50% of static patella stability) and functional/biomechanical (ligament laxity, various combination of muscle weakness and imbalance, altered gait). Clinical findings: subjective symptoms around or at the back of the patella during knee flexion of weight bearing/loading. Pain when climbing up and down stairs and walking downhill. Pain when sitting for a long time. Crepitus, locking, weakness. Laxity due to static (tendons and ligaments) and dynamic factors (muscles). Diagnosis: objective examination is the key. Pain during squats is positive in about 4 in 5 patients. Other tests: vastus medialis cohordination, apprehension test, Step test, Waldron test, Clarke's test, monopodalic squat test. Radiological exams to confirm diagnosis if recent trauma, subluxation, skeletally immature, swollen joint, conservative treatment failure (weight-bearing x-rays, skyline views, Merchant view, TC and MRI rarely needed). Treatment: early treatment for better long term outcomes. No specific guidelines. Conservative management initially: rest, ice, NSAIDs, muscular strength especially in young patients and isometric exercises focused on vastus medialis-abductors-extrarotators, stretching exercises, patella taping with contradictory results, knee brace for patella medicalization, shoes insoles Various physical therapies also available: ultrasound, laser, iontophoresis, Tens machine, Tecar machine, physiotherapy, massages, shock waves, ice (currently best physical therapy). Surgical treatment if conservative measures fail or in presence of specific anatomical/functional problems.

Biography

Valerio Pace has completed his MBBS from University of Perugia. He has worked at FY, SHO and T&O registrar level in the UK between 2013 and 2017 and was working at the royal national orthopedic hospital from April 2015 to October 2017. He is now a T&O Resident Doctor at the University of Perugia (Italy). He also has an honorary research contract at the royal national orthopedic hospital. He has published 6 papers in reputed journals, presented at several conferences and carrying on plenty of ongoing research projects.

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