

## International Conference on

## PHYSICAL EDUCATION, SPORTS MEDICINE AND DOPING STUDIES

August 08-09, 2018 Osaka, Japan

**Patellofemoral Pain Syndrome (PFFS): An update on the conservative management****Valerio Pace**<sup>1</sup>University of Perugia, Italy<sup>2</sup>The Royal National Orthopedic Hospital, UK

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 co-ordination, apprehension test, Step test, Waldron test, Clarke's test, monopodal 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-external rotators, 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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