

# New guidelines issued for patellofemoral pain management

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(HealthDay)—The National Athletic Trainers' Association has issued

recommendations for identifying and managing patients with patellofemoral pain (PFP); these recommendations form the basis of a position statement published in the September issue of the *Journal of Athletic Training*.

Lori A. Bolgla, Ph.D., P.T., from Augusta University in Georgia, and colleagues identified [risk factors](#) that may aid clinicians in early detection of PFP. These risk factors include excessive hip adduction and internal rotation during dynamic tasks (e.g., running and landing from a jump), weak or tight quadriceps, greater vertical peak force to the lateral heel and second and third metatarsals during gait, delayed activation of the vastus medialis obliquus compared with the vastus lateral (identifiable with a patellar tendon tap or rocking back on the heels), and increased knee-abduction impulses and moments during running and landing activities.

A comprehensive, nonsurgical strategy is recommended for treatment. Treatment plans should include active interventions (hip and quadriceps strengthening exercises; neuromuscular retraining; and ankle and foot exercise, calf and hamstrings stretching, and hip movement retraining, if deficits exist) and passive interventions (patellar taping for pain relief and foot orthoses if excessive dynamic foot pronation is present), as well as patient education (contributing factors, activity modification, and rehabilitation adherence).

"My hope is that our findings in this statement will provide additional tools for clinicians to achieve even more positive short and long-term outcomes for these patients," Bolgla said in a statement.

**More information:** [Abstract/Full Text](#)

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