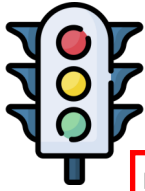




This tool provides information to facilitate the management of patellofemoral pain (PFP) in adolescents and adults

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](#)

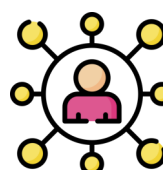
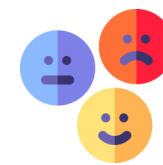
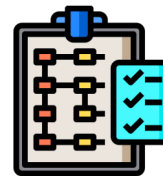
• [Patient-specific Functional Scale](#)

• [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.



Therapeutic Recommendations

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[†]

- 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[‡]

Do not offer manual therapy including lumbar, knee, or patellofemoral manipulation/mobilization[‡]

Do not offer patellofemoral knee orthoses, including braces, sleeves, or straps[‡]

Do not offer EMG-based biofeedback on medial vastii activity to augment knee-targeted (quadriceps) exercise therapy[‡]

Do not offer visual biofeedback on lower extremity alignment during hip- and knee-targeted exercises[‡]

Do not offer biophysical agents, including ultrasound, cryotherapy, phonophoresis, iontophoresis, electrical stimulation, and therapeutic laser[‡]

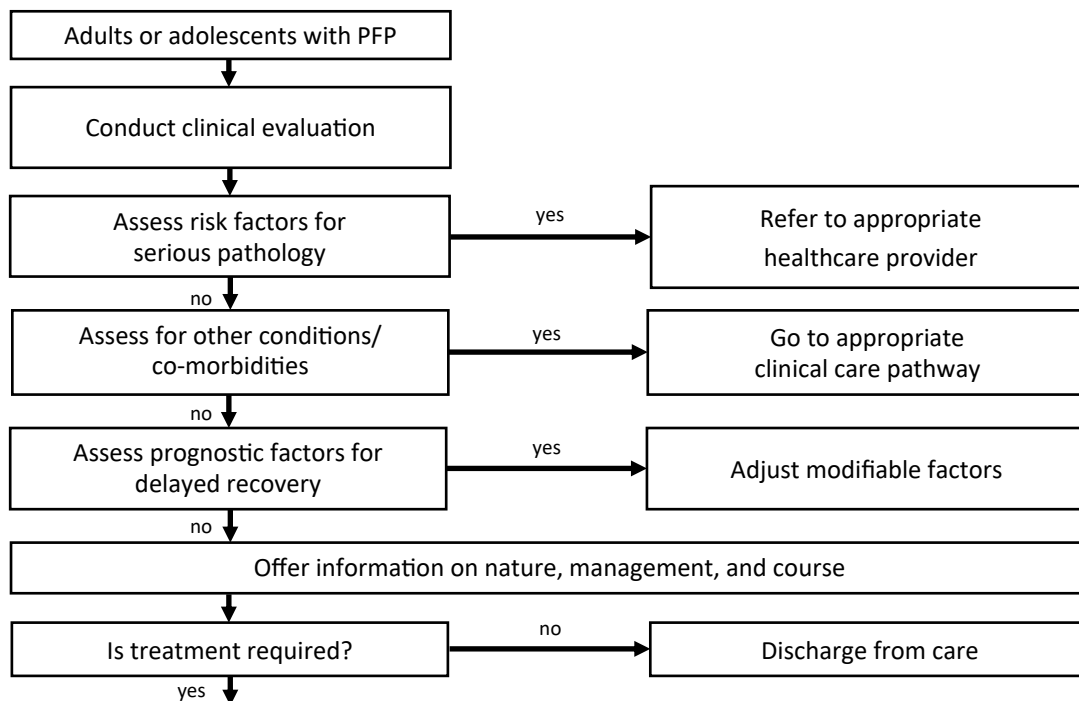
*Interventions are recommended if guidelines used terms such as 'recommended for consideration' (e.g., 'offer', 'consider'), 'strongly recommended', 'recommended without any conditions required', or 'should be used'. Recommendations from low-quality evidence are not listed.

[†]Multimodal care: treatment involving at least two distinct therapeutic modalities, provided by one or more health care disciplines.

[‡]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



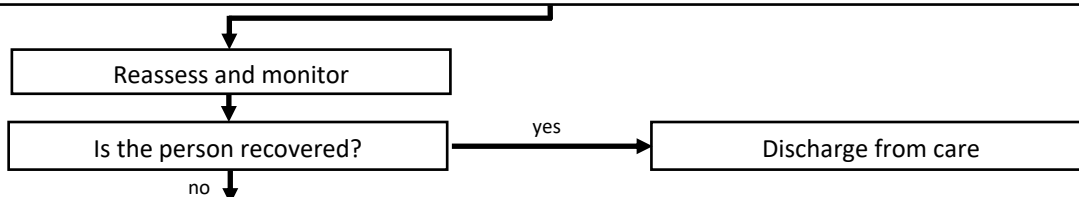
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Load management education and body weight management (when appropriate)

Blood flow restriction plus high-repetition knee exercise therapy



Incomplete recovery or major symptom change (new or worsening physical, mental or psychological symptoms): refer to appropriate healthcare provider

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