

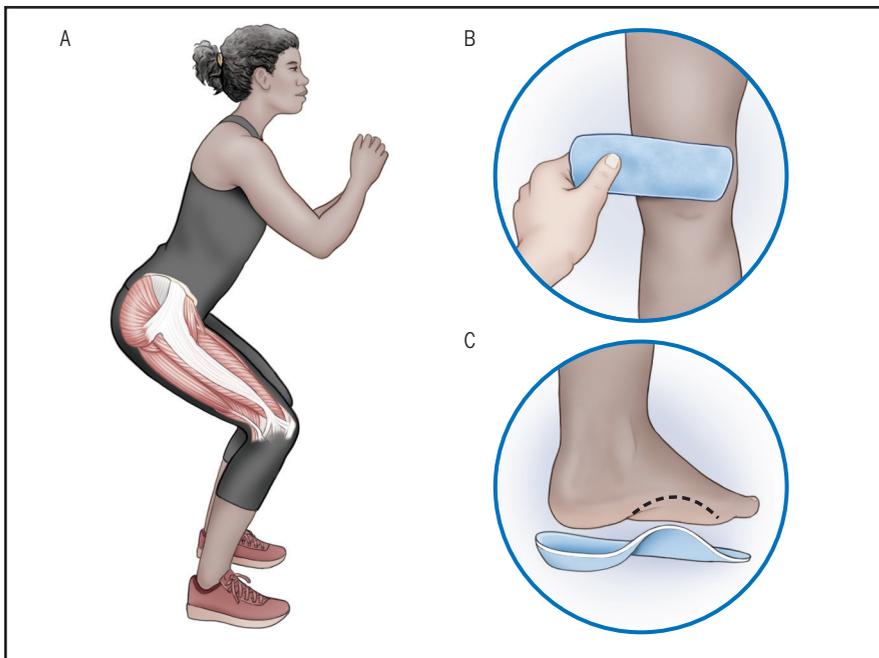
# Patellofemoral Pain

## *Treating Painful Kneecaps*

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**P**ain under the kneecap is one of the most common reasons people seek health care. The pain, which is also known as anterior knee pain or patellofemoral pain, is often described as a nagging ache or occasional sharp twinge. You may feel this type of pain most after sitting for a long time, going up and down stairs, jumping, or running—especially on hills. Kneecap pain can affect your participation in physical activity, sports, or work, which can be frustrating.

The good news is that most people with this type of knee pain find it gets better. Guidelines published in the September 2019 issue of the *JOSPT* make recommendations for diagnosing, measuring, and treating kneecap pain. Ultimately, the best care is a combination of the best science, the expertise of your health care provider, and your preferences and values. These guidelines help you and your health care provider make the best decision for you.



**EASING KNEECAP PAIN.** Knee pain that is in the front of your knee or under your kneecap is often called patellofemoral pain. Strengthening exercises that focus on your hip and thigh muscles, such as squats, are more likely to get you back to feeling like yourself (A). Your physical therapist may also apply tape to your kneecap early in your treatment to help reduce pain and improve function (B). Shoe inserts that you can buy in a store might help to manage kneecap pain in the early weeks of your treatment (C).

This *JOSPT Perspectives for Patients* is based on clinical practice guidelines by Willy et al titled “Patellofemoral Pain” (*J Orthop Sports Phys Ther.* 2019;49(9):CPG1-CPG95. <https://doi.org/10.2519/jospt.2019.0302>).

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### NEW INSIGHTS

To develop these guidelines, expert clinicians and researchers reviewed about 4500 scientific articles about kneecap pain published between 1960 and May 2018. They chose the best research for the guidelines (271 articles) about the risk factors, diagnosis, examination, outcome measures, and nonsurgical treatment options for kneecap pain.

The best treatment is a combined program of hip and knee-strengthening exercises. The combined strengthening exercises were better for reducing pain and helping people return to their normal activities than strengthening the knee muscles alone. Off-the-shelf shoe inserts might help some people manage kneecap pain in the first 6 weeks, when combined with exercises such as squats. Taping the painful kneecap, in combination with exercises, may help some people manage kneecap pain and get back to their normal activities in the first 4 weeks of therapy.

### PRACTICAL ADVICE

Most people with kneecap pain get better with physical therapy. That's great news! A holistic approach that combines education, strength exercises, taping, shoe inserts, and kneecap mobilizations is likely to bring the best results. To help guide your treatment and tailor a program to your needs, your physical therapist will ask you about your kneecap pain and perform a thorough evaluation. Depending on the findings, you may be prescribed a combination of hip- and knee-strengthening exercises. Taping your kneecap or adding inserts to your shoes may also help to manage kneecap pain early in treatment (the first 4-6 weeks).

Your physical therapist can help tailor a treatment program to reduce symptoms, and help you return to your desired activities, sports, or work.



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