

SUMMARY OF PATELLOFEMORAL DIAGNOSTIC CRITERIA AND PT MANAGEMENT STRATEGIES

DISORDER	HISTORY	PHYSICAL EXAM	PT MANAGEMENT
Muscle Power Deficits “Patellofemoral Pain Syndrome”	Anterior Knee pain Onset related to overuse or trauma Sx’s worsen with bent knee/sitting positions	Lateral patella orientation Limited medial patellar glide SR w/end range of patella glide Biomechanical abnormalities of the LE are common	Reduce overuse STM and stretching of the lateral PF/thigh structures Patellar joint mobs (medial glides) PF taping Normalize LE impairments related to PF symptomatology
Muscle Power Deficits Patellar Tendinitis	Anterior knee pain Onset associated with repetitive use of Quads – i.e., jumping	SR w/: Resisted extension Palpation/provocation of the patellar tendon at the superior pole, inferior pole, or insertion on the tibial tuberosity	Reduce overuse Physical agents (Ice, US, Ionto) Friction massage Taping Progressive reloading/sports training
Muscle Power Deficits “Patellar Bursitis”	Recent blunt trauma to the anterior knee Repetitive weight bearing onto knee i.e., kneeling	Patellar effusion SR w/provocation of the suprapatellar, prepatellar, or infrapatellar bursa	Reduce weight bearing stress – allow healing Physical agents (Ice, US, Phono)