

# Patellofemoral Syndrome

## History

- Do you have pain in the knee?
- Is it worse when running downhill, walking downstairs and squatting
- Is pain present when you press on the knee cap
- Has there been any swelling of the knee

## Visual Assessment

- medial orientation of the patella may be seen in an anterior view  
“squinting patella”
- lateral view hyperextension of the knee may be present
- Patella alta may be present
- When the client is seated hypotrophy of vastus medialis may be present

## Specific tests

- Q-angle is greater than 18 degrees
- Waldron’s, McConnell’s or Clark’s patellofemoral test may be positive
- Ober’s test is positive with a tight Iliotibial band
- Patellar apprehension test may be positive

## Informed Consent

## Treatment

- Heat to Iliotibial band
- Prone general massage to low back and gluteals
- Hypomobile joints in the lumbar spine and sacroiliac joints are mobilized using *joint play*
- *Fascial techniques* on Iliotibial band and hamstrings, lateral knee and retinaculum
- If painful use *deep diaphragmatic breathing*
- \* The patella is mobilized in a medial direction
- Petrissage on tensor fascia lata, gluteus medius, hamstrings, and gastroc
- Supine
- Petrissage to adductors and quadriceps
- Muscle stripping and ischemic compressions for *trigger points* in quads and vastus medialis
- *Pain free PRRM of the knee*
- *Passive stretches and PIR* for hamstrings throughout the massage
- *Passive stretches and PIR* for gastroc throughout the massage
- Hypomobile joints such as hip and ankle are treated with *joint play*
- Massage distal leg and foot
- Repetitive effleurage to entire leg and thigh

### Post Treatment

- Is the pain any better after the treatment
- There may be some point tenderness. This can last 24-48 hours in some people
- Do you need help off the table

### Self-care and Hydro

- heat to iliotibial band
- cold is applied if there is any swelling present
- straight leg raises with the knee held in extension
- low impact exercises such as swimming – frog kick is avoided
- self massage to Iliotibial band and the retinaculum at the knee
- medial mobilization of the patella