

Patello-femoral Pain (PFP)

This leaflet offers information about patello-femoral Pain (PFP). If you have any further questions or concerns, please speak to the staff member in charge of your care.

What is PFP and why have I got it?

PFP is a very common condition that occurs in both males and females of all ages. It is described as pain around the kneecap and can sometimes be called 'anterior knee pain', 'chondromalacia patellae' or 'patella mal-tracking'. There are many potential contributing factors for developing PFP:

- Excessive loading of the knee
- Sudden increases in activity levels
- Inactivity (having a sedentary lifestyle)
- Wearing unsupportive footwear
- Weakness in the thigh and hip muscles
- Tightness in the thigh and hip muscles.

What are the signs and symptoms?

Pain at the front of the knee, around or under the kneecap (the patella). Pain on activities like walking, going up or down stairs, running, squatting or prolonged sitting. Other symptoms can be stiffness, clicking, catching, or grinding. This grinding sound is called crepitus which is a common complaint and does not indicate any harm.

Do I need any tests to confirm the diagnosis?

There are no specific tests to diagnose PFP. Diagnosis is made based on where the pain is and the activities that aggravate it. A healthcare professional can help make the diagnosis if you are unsure. Specialist musculoskeletal practitioners such as physiotherapists, sports and exercise medicine doctors and orthopaedic doctors often only see people with PFP when symptoms aren't settling with self-management and exercise.

What treatments are available?

Exercise

Exercises to strengthen your thigh and hip muscles have been shown to be important for the management of this condition. We have included some examples at the end of this document.

Taping

Taping can be an effective temporary treatment for PFP.

What happens if I do not get treatment?

If you avoid activity your leg muscles can become weaker which can contribute to pain. Symptoms can take between three to six months to improve but it is hard to predict recovery for everyone.

Is there anything I can do to help myself?

Activity Modification

This means reducing activities that are very painful in the short-term to allow pain to settle. When pain has settled down to a tolerable level, slowly increase your activity levels.

Footwear

Wearing supportive footwear can help with pain.

Ice therapy

Ice can be helpful for short term pain relief and you can use this method before or after exercise. You can use a bag of frozen vegetables or an ice pack wrapped in a tea towel. Leave over the painful area for a maximum of 15 minutes. This can be repeated up to four times per day.

Exercises

If you are seeing a physiotherapist, they will help design a specific exercise programme for you but we have listed some recommended exercises below. The most important aim with exercise is to restore any strength loss. You may experience some discomfort during and / or after completing the exercises which is normal and not harmful. If the pain increases for more than 24 hours after exercising, try doing fewer exercises the next time. Aim to keep pain at a low level when you perform the exercises.

Complete the exercises every other day. Aim to perform three sets of 8-12 repetitions.

1. Bridge



Step 1: Lie on your back with your knees bent and feet flat on the floor.

Step 2: Squeeze your bottom and lift your bottom and lower back off the floor. Hold for 3-5 seconds then slowly lower down.

2. Wall Squat



Step 1: Lean against a wall, with your feet away from the wall and shoulder width apart. Your back and buttocks should remain in contact with the wall throughout.

Step 2: Slide down the wall to a depth that you can comfortably tolerate. Push yourself back up the wall, driving the movement with your buttock muscles.

*Helpful tip: if your pain allows, you can progress this exercise by sliding further down the wall or by holding a weight.

2. Staggered Sit to Stand



Step 1: Sit upright in a chair and move yourself forward, close to the edge. Position your feet hip width apart but place your unaffected foot slightly further ahead of the other.

Step 2: Lean your body forward and push through your legs to stand up straight. As this becomes easier, place your unaffected foot further forwards before you stand up.

Contact us

If you have any questions or concerns about this, please contact the MSK physiotherapy team on mskphysioenquiries@stgeorges.nhs.uk (Monday to Friday, 8.30am to 4.30pm).

For more information leaflets on conditions, procedures, treatments, and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer).

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111 You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones. **Tel:** 111

AccessAble

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



Reference: CSW_PFP_02 **Published:** November 2022 **Review date:** November 2024