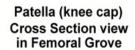
# **Anterior Knee Pain Syndrome**

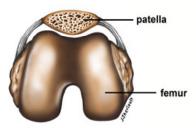
# The problem

- The knee cap (patella) moves up and down along a groove in the femur every time the knee bends or straightens
- Often, particularly because there may be associated grinding or crunching noises coming from the knee, people assume they have cartilage problems. There are, however, a number of different structures that can cause anterior knee pain, and often there is no damage at all to the cartilage
- Anterior knee pain syndrome often occurs in individuals who run or routinely engage in other repetitive activities involving their legs

## **Interesting facts**

- Occurs more often in women than men
- Depending on the study reviewed, anterior knee pain appears to be the most common injury presenting to physiotherapists





# What you can expect/look out for

please consult your physiotherapist or doctor.

- Dull, achy pain in the front of the knee
- Increased pain with walking up and/or down stairs, squatting, or kneeling
- Increased pain with activity that gradually improves after the activity is stopped
- Grinding or clicking as the knee bends and straightens
- Pain may be aggravated by prolonged sitting, called the "movie-goers" or "theatre" sign

# Hints for self-management

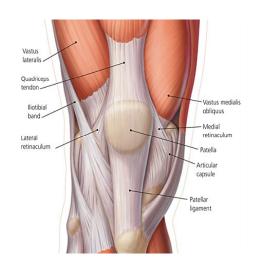
- Avoid participating in aggravating activities
- Apply ice to the knee after activity
- Anti-inflammatory medication or other over the counter pain relievers may help manage the pain but will not help to solve the problem

### **Management options**

- Physiotherapy-guided exercise programs are the treatment of choice for anterior knee pain. The goal is usually to improve the biomechanics of the leg by teaching you to use certain muscles, strengthening the weak muscles, and stretching the tight structures surrounding the hip and knee
- Using biofeedback to retrain the sequencing of the quadriceps muscles
- Taping to help decrease forces through the kneecap

#### More information

- May also be called Patellofemoral Pain Syndrome
- There are many things that can contribute to this condition, including tight structures on the outside of the leg and in the calf, an imbalance in the quadriceps muscles, weakness in the gluteal muscles, and a history of injury to the kneecap (to name a few)



Contact the team at Sydney Sports & Orthopaedic Physiotherapy to speak directly to a specialised physiotherapist

P. 9252 5770 or E. reception@ssop.com.au

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