FACT SHEET

Patella Femoral Joint Pain (PFJP)

ERAMOSA PHYSIOTHERAPY

What is patella-femoral joint pain (PFJP)?

PFJP refers to pain in your knee, particularly around your knee cap. Your patella-femoral joint describes the joint in which your femur (thigh bone) and patella (knee cap) meet. Your knee cap sits and glides within a groove on the thigh bone. If the knee cap is not gliding smoothly within this grove it can cause pain. This could be a diffused ache that increases to sharp pain with activities.

Why does it happen?

PFJP often occurs due to incorrect loading through the joint, resulting in mal-tracking of the knee cap within the groove in which it sits. This can cause inflammation of surrounding tissue and bony stress resulting in pain. Mal-tracking of the knee cap can occur due to a variety of reasons including alterations in biomechanical alignment of your hip, knee and foot, an in-balance in muscle strength and length, and reduced activation of the muscles. Often PFJP will become apparent after increased loading, whether it be due to changes in activity or to higher intensities of training. Going up and down stairs will often aggravate the knee. PFJP is also common in children and adolescents and is more common in females than males.

What can a physiotherapist do?

A physiotherapist will first complete a thorough assessment to determine the exact cause of your knee pain. If it is suspected to be PFJP the physiotherapist will complete further postural, strength and muscle length assessments to identify the factors that are contributing to your condition.

Physiotherapy treatment will be structured according to the specific impairments that are contributing to your PFJP. Taping or bracing may also be provided to assist in optimal tracking of the patella (knee cap).

An individualized exercise program will be developed to increase the strength, flexibility and control of your muscles and assist in the optimal tracking of the knee cap and normal joint alignment. If foot posture is thought to be a contributing factor the physiotherapist may refer you to a podiatrist for orthotics.

Return to sport

Return to sport is greatly dependable on your pain. Supportive taping and/or bracing may be required. High-intensity sports involving running, pivoting and jumping place increased load through the knee and are often more pain provocative. The physiotherapist will be able to advise you on the best guidelines for you to return to sport, including activity modification.

Outcome

Research has demonstrated an excellent prognosis, recovery is usually seen within six weeks of physiotherapy treatment. It is important that rehabilitative guidelines from your physiotherapist are followed to elicit the best results.