PHYSICAL THERAPY PLAN
NON-OPERATIVE PATELLOFEMORAL PAIN

St Luke's Sports Medicine

Overuse/Overload	Movement Coordination Deficits	Muscle Performance Deficits	Mobility Impairments
• Eccentric step down reproduces anterior knee pain	• Dynamic valgus on lateral step down • Frontal plane valgus with single leg squat	• Hip muscle strength testing – abd, ER, ext • Knee strength testing – flex, ext	• Hypermobility – midfoot width >11mm in NWB vs WB, Foot Posture Index score >6 • Hypomobility – patellar tilt test, muscle length testing (HS, gastroc/soleus, quad, ITB), Hip IR/ER ROM , Closed chain DF <34 degre
1. Taping 2. Activity modification and relative rest	1. Movement retraining and motor control exercises 2. Gait retraining	1. Hip and glute strengthening 2. Quad muscle strengthening	1. Hypermobility – foot orthosis, taping 2. Hypomobility – soft tissue/joint mobilization and muscle stretching
Taping = McConnell patellar taping. Used in short term in conjunction with exercise to assist with immediate pain reduction	Gait (running) retraining = cueing to adopt forefoot striking pattern, increase cadence and decrease hip adduction forces	First 4 weeks focusing on posterolateral hip strengthening – sidelying hip abduction, clamshells, bridges Later stages add both NWB and WB "knee" strengthening – resisted knee extension, squat, step down, lunge, single leg squat May utilize BFR with exercise	Utilization of prefabricated foot orthoses for those with greater than normal pronation to help decrease pain. Only use in short term (6 wks) in conjunction with exercise

Adapted from the Clinical Practice Guidelines for Patellofemoral Pain. Journal of Orthopedic and Sports Physical Therapy 2019. www.jospt.org.

Last Reviewed: 01/2020; Current to: 01/2021