BaylorScott&White
ORTHOPEDIC ASSOCIATES OF DALLAS
A member of HealthTexas Provider Network

Manoj P. Reddy, MD
Sports Medicine & Shoulder Surgery
Orthopedic Associates of Dallas
469.800.7200 office | 469.800.7210 fax
DallasOrtho.com | ReddyOrtho.com

Patellofemoral Pain Syndrome

FREQUENTLY ASKED QUESTIONS

Patellofemoral pain — often called **"runner's knee"** — is one of the most common causes of knee pain. It is usually not a sign of damage, and most people get better with the right exercises.

UNDERSTANDING PATELLOFEMORAL PAIN

1 What is patellofemoral pain?

It is pain around or behind the **kneecap** (patella), where it glides over the thigh bone. It happens when this joint is irritated by more stress than it can currently handle. It is not arthritis, and the knee is usually structurally healthy.

2 What causes it?

- **Doing too much, too soon** — a jump in running, jumping, stairs, or squatting.
- **Weak hip and thigh muscles**, which let the knee drift inward and increase pressure on the kneecap.
- Tight muscles, foot mechanics, and long periods of sitting with the knees bent.

3 What are the typical symptoms?

An ache at the front of the knee that is worse with stairs (especially going down), squatting, kneeling, running, or sitting for a long time with the knees bent. Grinding, clicking, or popping is common and usually harmless if it does not hurt.

4 Do I need an MRI?

Usually not. The diagnosis is made by history and examination. X-rays are sometimes taken; an MRI is only needed if the symptoms are unusual or not improving.

TREATMENT

5 What is the best treatment?

Strengthening exercises for the hips and thighs are the most effective treatment. Combining hip and knee exercises works better than knee exercises alone. Most people improve within **6–12 weeks** of consistent exercise.

6 Do I need to stop my sport or activity?

Usually not completely. Reduce the amount and intensity of the activities that hurt rather than stopping all activity. Use this rule:

- Pain up to **3–4 out of 10** during activity is acceptable.
- The pain should settle within a few hours, and it should not be worse the next morning.
- If it is, cut back the next session.

7 Do braces, taping, or shoe inserts help?

Kneecap taping, a knee sleeve, or foot orthotics can reduce pain in the short term for some people, which can make exercise easier. They are not a cure on their own.

8 What about ice and medication?

Ice for 15–20 minutes after activity and a short course of anti-inflammatory medication, if safe for you, can help calm a flare.

9 How do I get back to running?

- Start at a shorter distance and slower pace, and build up by no more than about 10% per week.
- Run on flat, softer surfaces before adding hills.
- Taking slightly shorter, quicker steps can reduce stress on the kneecap.

10 Will I need surgery?

Almost never. Surgery is not an effective treatment for patellofemoral pain without a structural problem.

11 When should I call?

- The knee swells, locks, or gives way
- Pain at night or at rest
- No improvement after 6–8 weeks of consistent exercises

HOME EXERCISE PROGRAM

Mild discomfort (up to 3–4/10) is OK; **stop any exercise that causes sharp pain**. Do these at least 3–4 days a week for 6–12 weeks. As exercises get easy, add reps, ankle weights, or a resistance band.

		EXERCISE	HOW TO DO IT	DOSE
1		**Quad sets**	Lying with the knee straight, tighten the thigh and push the back of the knee into the floor. Hold.	**10 reps × 5 sec, 2×/day**
2		**Straight leg raises**	Bend the other knee. Tighten the thigh, then lift the straight leg about 12 inches. Lower slowly.	**3 sets of 10, daily**
3		**Side-lying leg raises**	Lie on your side, bottom knee bent. Keep the top leg straight and slightly behind you, then lift it.	**3 sets of 10–15, daily**
4		**Clamshells**	Lie on your side, knees bent and feet together. Lift the top knee without rolling your hips back.	**3 sets of 10–15, daily**
5		**Bridges**	On your back with knees bent, squeeze your glutes and lift your hips.	**3 sets of 10, daily**
6		**Wall sits**	Back against a wall, slide down to a **shallow** bend (no deeper than 45° at first) and hold. Knees stay over the toes.	**5 × 20–30 sec**
7		**Step-ups**	Step up onto a low step (4–6 inches) with the sore leg, keeping the knee lined up over the foot. Step down slowly.	**3 sets of 10, every other day**

Still have questions? Call our office at **469.800.7200**. This sheet is general information — your doctor or therapist may adjust your program.