

# Marple Physio Newsletter

Marple Physio

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## What we do:

- Musculoskeletal and Sports Physiotherapy
- Podiatry
- Chiropody
- Sports Massage
- Pilates
- Reflexology

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## Patellofemoral Pain Syndrome: A Pain in the Knee

**Patellofemoral pain syndrome (PFPS) is probably the most common cause of knee pain that we see in our clinic.** PFPS, often referred to as 'Anterior knee pain' usually presents as pain at the front of the knee that can occur while walking, running (often worse down hill), squatting or ascending or more often descending stairs. Pain can also result from prolonged sitting and some people may experience catching sensations behind the knee cap or even a feeling that the knee is going to 'give way' under them.

**What causes it?** The most widely accepted theory regarding the cause of

patellofemoral pain suggests that the symptoms are the result of excessive patellofemoral joint stresses due to abnormal patella (knee cap) tracking. This patella mal-tracking is thought to generate excessive strain on the tissues around the knee cap, the underlying joint capsule and/or the joint surface of the patellofemoral Joint causing pain. The elevated patellofemoral joint stress is believed to result from alterations in patellofemoral joint reaction forces and/or reduced contact area between the back of the knee cap and the thigh, causing irritation and degradation of the tissues at the back of the knee cap. The potential

causes of the maltracking are numerous and include:

- 1) Poor gluteal muscle control causing poor control of inward rotation of the femur (thigh) when performing activity (can be accompanied by foot overpronation).
- 2) Weak quadriceps (muscle at front of thigh) meaning the patella is not forced deep enough into the femoral groove when bending and straightening the knee..
- 3) Tight iliotibial band and lateral retinaculum (tissues on the outside of the patella).
- 4) Tightness of hamstrings, calf, rectus femoris and adductor longus muscles can all affect patella tracking as well.

## Treatment of Patellofemoral Pain Syndrome

### Physiotherapy

Physiotherapy should be the first line of treatment for patellofemoral pain syndrome (PFPS) in most cases.

There are two main aims of treatment. Firstly we aim to reduce pain. This is done with the use of strapping techniques or bracing. The use of acupuncture or electrotherapy modalities such as ultrasound or interferential can be useful and gentle patella mobilisation

techniques performed by a physio can also help to settle symptoms.

The second aim is to improve patella tracking. This could involve the stretching of short muscles and tissues and/or the strengthening and improvement in control of the weak muscles mentioned above. It may also require a retraining of the way the thigh, lower leg and foot are aligned when performing specific activities. Sometimes orthotic devices (special insoles) to

correct foot mechanics and help improve rotation control of the leg are required.

### Surgery

Unfortunately in this newsletter we do not have time to review the different surgical possibilities. However, it is accepted that surgery is very rarely required or even indicated for patients with PFPS and is always the last resort treatment to be considered only if a comprehensive physiotherapy programme has failed to improve symptoms.



**‘Move Well...  
Feel Better...  
Be Your Best! ‘**

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## **Our Guarantee**

### **We will:**

- Always recommend the most appropriate treatment - even if that is not us!
- Give you one-to-one attention and treat you as an individual.
- Break down jargon and explain your condition in a way you understand.
- Continually develop our team so we can offer the most up-to-date treatment
- Offer you an appointment with an experienced physiotherapist within 48 hours.

### **We will not:**

- Use ‘gimmicky’ or inappropriate treatment techniques.
- Provide you with a quick fix if it is not appropriate for you.
- Waste you time.

**If we do not adhere to this guarantee you will get your treatment for free!**

## **Case Study: Fell Running Ankle Injury**



**Steve Brocklehurst lunges across the finish line**

Steve Brocklehurst attended the clinic on 28<sup>th</sup> March 2011, three weeks after injuring his right ankle whilst out fell running. At assessment Steve’s ankle was still swollen and painful to put weight on and so he was unable to do his usual hobbies of running and cycling. After assessment it was evident that he had injured the lateral ligaments of his ankle (grade II strain to the anterior talofibular ligament) and that it was still in the early stages of healing.

Steve’s rehabilitation was managed by Liz Ebelthite, one of Marple Physio’s full time Senior Physiotherapists. Initially treatment was focused on swelling and pain management, using ultrasound, massage, joint mobilisation techniques and gentle exercises.

Once Steve was able to comfortably walk and he had regained full movement at the ankle his exercise rehabilitation programme was stepped up. Over the next few weeks he was guided through a progressive exercise programme of stretching, strengthening and balance exercises. By eight weeks post injury Steve had returned to cycling comfortably, however running was still a source of discomfort.

At this point Steve’s current prescription orthotics (insoles) were assessed and it was evident to both Liz and Steve that alterations would be required to the right insole. He was, therefore, referred on to our Biomechanical Podiatrist Charlotte Darbyshire, who performed video analysis of Steve’s walking and running gait. The necessary alterations to the insoles were made and running was now pain free. On the 4<sup>th</sup> June Steve was fit enough to take part in an 8 hour off-road duathlon.

*“On the day and over a hilly course I managed to run six 5km laps and mountain bike six 8km laps which I was very pleased with. My improved orthotics felt comfortable and my ankle did not bother me.*

*After a couple of days I got a sports massage at Marple Physio to help repair my muscles.*

*Thanks to all those at Marple Physio that helped me achieve my duathlon goal. The friendly, professional and convenient service was much appreciated”, Steve Brocklehurst.*