

The Enigma Of The Patellofemoral Pain Syndrome (PFPS)

Assoc Prof Dr Mohamed Razif Mohamed Ali

*Department of Orthopaedic Surgery and Department of Sports Medicine, Faculty of Medicine,
University Malaya, Kuala Lumpur, Malaysia*

Over the years, physicians and surgeons had to grapple in labelling the patient's knee complaint as being the Patellofemoral Pain Syndrome (The PFPS). The causes of the pain around the patella were also unclear.

Then comes treatment, the enigma of which, in spite of what we think, the symptoms persist. Patellar cartilage injury or the defective medial patellofemoral ligament are sometimes considered in loose terms, as part of the patellofemoral pain syndrome. There has been a rise of female participation in sports along with the rise of PFPS prevalence. This is related to the female anatomy, their different thigh muscle firing and activation mechanism. The PFPS also occurs in relation to overuse due to overactive patients or overload in inactive patients. These dichotomy of overuse and overload may occur over pre-existing bony, muscular and ligamentous variations.

From the non-surgical point of view, a lot of latitude of treatment can be placed on the muscular, joint and neural factors such as improving the VMO, the dynamic stabilizers of patella and proprioception. There is a limited role in static stabilizers or alignment such as in the use of orthoses to reduce excessive foot pronation or manual stretching of the "tight patellar retinacula". Therefore, the disciplined use of physiotherapy is the mainstay of treatment. Surgery has a dubious place in treatment. Surgical techniques such as the lateral release has been found to be ineffectual in many cases.

In general, there has to be a lot of counselling and realistic discussion with the patient about how far the various modes of physiotherapy can help. There has to be serious advice to the patient that one may have to avoid certain sports maneuvers, stop certain sports, avoid certain activities altogether.