

## **44<sup>th</sup> Annual Symposium on Sports Medicine**

**The University of Texas  
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School of Medicine**

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## **Patellofemoral Joint: Therapy, Bracing, & Daily Activities**

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### **OVERVIEW**

- **Objectives**
- **Basic Principles of Rehabilitation**
- **Anatomy of the Patellofemoral Joint Complex**
- **Functions of the Patellofemoral Joint**
- **Therapeutic Physical Agents**
- **Taping & Bracing**
- **Manual Therapy Techniques**
- **Aerobic Conditioning**
- **Therapeutic Exercises: ROM, Flexibility, Strength & Functional**
- **Things to Avoid**
- **Conclusion**
- **References**

### **OBJECTIVES**

- **To recall the anatomy of the patellofemoral joint complex in order to formulate and implement an appropriate and effective patellofemoral rehabilitation program**
- **To attain the knowledge that a comprehensive patellofemoral rehabilitation program is vital and crucial to prevent injury and maximize function**

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## Basic Principles of Rehabilitation

(Andrews and Wilk, 1994)

- The effects of immobility must be minimized.
- Healing tissue should never be overstressed.
- Rehabilitation protocol must be based on scientific and clinical research.
- The patient must fulfill specific criteria to progress from one stage of rehabilitation to the next (criteria based progression).
- The rehabilitation program must be adaptable to each patient, allowing for the desired goals of each patient.
- The rehabilitation process is a team effort with the physician, therapist, trainer, coach, patient and family.

## Anatomy of the Patellofemoral Joint Complex

- **3 Bones:** Patella, Femur, Tibia
- **Muscles Involved:** Quadriceps, Tensor Fascia Lata, Hamstring, Gastrocnemius, Hip Adductors, Popliteus, Iliotibial Band
- **Bursae:** Prepatellar, Superficial & Deep Infrapatellar
- **Retinacula:** Medial & Lateral

## Functions of the Patellofemoral Joint

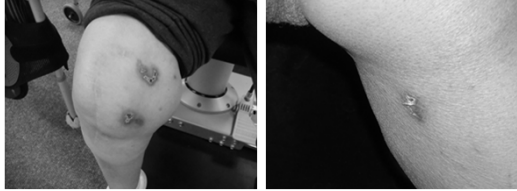
- Provide an articulation with low friction
- Protect distal aspect of femur from trauma and quadriceps from attritional wear
- Improve cosmetic appearance of knee
- Improve moment arm of the quadriceps
- Decrease amount of AP tibiofemoral shear stress on the knee

## Therapeutic Physical Agents

- **Moist Hot Pack/Cold Pack**
- **Electrical Muscle Stimulation**
- **Ultrasound**
- **Iontophoresis**

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## Electrical Muscle Stimulation Burns



## Taping & Bracing

- McConnell Taping
- Patellofemoral Joint Kinesio Tape
- Patellofemoral Braces for Lateral Tracking

## McConnell Taping



## Patellofemoral Joint Kinesio



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### Patellofemoral Braces for Lateral Tracking



### Patellofemoral Braces for Lateral Tracking



### Manual Therapy Techniques

- Soft Tissue Mobilization
- Vastus Lateralis & Tensor Fascia Lata Release
- Medial Glides of the Patella
  - Open Pack Position: Full Extension of Knee

### Manual Therapy Techniques

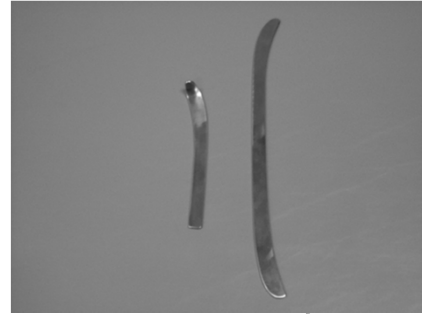
- Foam Rollers
- Rolling Stick
- Massage Ball
- The Steel

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## Manual Therapy Tools



## Manual Therapy Tools



## Aerobic Conditioning

- Recumbent Bike
- Upright Bike
- Elliptical Trainer
  - Treadmill
- Total Gym Leg Press
- Slide Board

## Therapeutic Exercises: ROM, Flexibility, Strength, Functional

- ROM Exercises
  - Heel Slides with tibia in internal rotation
  - Contralateral Knee Flexion & Extension
  - Supine LAQ's
  - TKE with Theraband

## Therapeutic Exercises: ROM, Flexibility, Strength, Functional

### ➤ Flexibility Exercises

Prone quadriceps with strap

Supine hamstring with strap

Tensor fascia lata

Gastrocnemius

Iliopsoas

## Therapeutic Exercises: ROM, Flexibility, Strength, Functional

### ➤ Strength Exercises

QUAD sets with NMES & at 20° of knee flexion

Supine SLR's with hip ER & 20° of knee flexion

SAQ's with ball squeezes & hip ER from 50° to 20°

Sidelying hip ADD with hip IR & knee flexed at 20°

Sitting hip ER

Standing hip extension with QS

Standing QS with foot on slant board

## Therapeutic Exercises: ROM, Flexibility, Strength, Functional

### ➤ Functional Phase Exercises

¼ Step-ups & Step-downs

¼ Swiss Ball wall squats

Forward & lateral lunges

Sports cord resisted walking X 4

Steamboats for strength & balance

Single leg ¼ squats

Slide board

Plyometrics

Agility Drills

## Therapeutic Exercises: ROM, Flexibility, Strength, Functional



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## Plyometrics



## Agility Drills



## Agility Drills



## Agility Drills



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## Agility Drills



## Things To Avoid

- Activities with knee flexion beyond 90°
- Prolonged kneeling on affected knee
- Sitting with legs bent for long periods of time
- Sitting with legs crossed
- Lifting heavy objects from a squatting position
- No full squats
- Riding an exercise bike with seat too low or tension too high
- Minimize stairs
- No leg extension machines

## Conclusion

- The patellofemoral joint is a complex articulation and is a challenging joint to rehabilitate. The goal of a comprehensive rehabilitation program should be to return the patient or athlete to their previous level of function, if not at an improved state.
- By incorporating the physical therapist's and athletic trainer's overall knowledge of the patellofemoral complex, the patient/athlete will be provided with a comprehensive program that will not only lead to a high level of function but also a prevention of further injury.

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