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This is a corrected version of the patient information handout that appeared in print.

Please note: This information was as current as we could make it on the date given above. Because patient information is always changing, and some information given here may be out of date. For more information on a variety of health topics, please visit familydoctor.org, the AAFP patient information website.

Information from Your Family Doctor

Patellofemoral Pain Syndrome

Am Fam Physician. 1999 Nov 1;60(7):2019-2022.

See related article on [patellofemoral pain](#).

What is patellofemoral pain?

Patellofemoral pain is a common knee problem. If you have this condition, you feel pain around your kneecap. The pain can get worse when you're active or when you sit. You can have the pain in only one knee, or you can have pain in both knees.

The exact cause of patellofemoral pain isn't known. It probably has something to do with the way your kneecap (called the "patella") moves on the groove of your thigh bone (called the femur).

What can I do to help my knee get better and hurt less?

- Take a break from physical activity that causes a lot of pounding on your legs, such as running, volleyball, or basketball. If you want to keep exercising, try swimming or another low-impact activity.

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Important Safety Information
Indications and Usage
 Victoza® is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.

Because of the

You may want to try working out on nonimpact elliptical trainers, which are popular. Because these machines support your body weight, they put less stress on your joints. If you feel better, you can slowly go back to your normal sports. But do this slowly, and at first of time you do the sports activity by only about 20% a week.

- Do the exercises shown in this handout. Each exercise should take only a few minutes. Doing them twice a day is a good start. Your doctor will tell you which exercises are best for you. The most important ones are usually the first two. These two exercises make your front thigh muscles (“quads”) stronger. This is important because your quad muscles control the movement of the kneecap.
- Talk to your doctor about footwear. It would help to bring your shoes in for a check. Walking or running shoes can help knee pain. Even a simple arch support insert can be helpful. This insert is much less expensive than a custom-made orthotic.
- Ice your knees for 10 to 20 minutes after activity. This can ease the pain and swelling. To keep your hands free, use an elastic wrap to hold the ice pack in place. A medication (brand names: Advil, Motrin and others) may also help, but talk to your doctor about using medicine.

Be patient!

Keep exercising to get better. Patellofemoral pain can be hard to treat, and your knee might not get better overnight. Some people are lucky and get better quickly. But it might take six weeks for your knee to get better. You'll be less likely to get this pain again if you stay in good shape. Do not make sudden changes in your workouts.

Here are some exercises to help your knee pain. After you do all the exercises as shown, reverse your position and do the exercises with your other leg, so both knees get better.

1. Quadriceps strengthening: isometrics. Position yourself as shown. Hold your leg up for 10 to 20 seconds and then relax. Do the exercise 5 to 10 times.



2. Quadriceps strengthening: straight leg lift. Position yourself as shown. Raise your leg 6 to 8 inches and hold it up for 5 to 10 seconds. Then lower your leg to the floor. Do the exercise 5 to 10 times.



3. Iliotibial band and buttock stretch (right side shown). Position yourself as shown to the right and use your left arm to “push” your right leg. You should feel right buttock and the outer part of your right thigh. Hold the stretch for 10 seconds. Repeat exercise 5 to 10 times.



4. Iliotibial band stretch (left side shown). Position yourself as shown, with your hands together in front of your left leg. Hold your hands together and move them toward the knee to stretch the outer part of your left thigh. Hold the stretch for 10 to 20 seconds. Repeat exercise 5 to 10 times.



5. Hamstring stretch. Position yourself as shown in the drawing above. Bend your right thigh with your hands to keep the thigh steady. Straighten your left leg. You should feel a stretch. Hold the stretch for 5 to 10 seconds. Repeat exercise 5 to 10 times.



6. Hip adductor strengthening. While sitting, squeeze a rubber ball between your knees and squeeze for 5 to 10 seconds. Do the exercise 5 to 10 times. (If you don't have a rubber ball, you can use your hands or fists between your knees and then squeeze.)



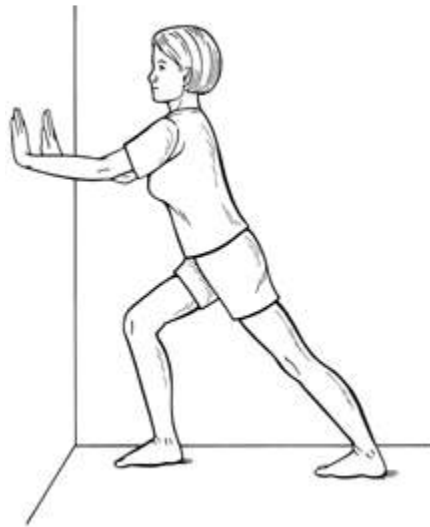
7. Hip abductor strengthening (left side shown, front and side views). Position yourself standing on your left leg with the knee slightly bent. Slowly raise your right leg 45 degrees, hold for a few seconds and then slowly lower the foot and straighten the leg. Do the exercise 10 times. Don't let your pelvis tilt (be crooked), and don't let your back arch during bending.



8. Hip and buttock stretch (left side shown). Position yourself as shown, with your right leg in front of your left leg, and place your hands over your left knee. Pull the knee slightly to the right and up very straight. Hold the position for 20 seconds and then rest for several seconds. Do the exercise 6 times.



9. Calf stretch. Position yourself against a wall as shown. Keep your left heel on the floor. This is the back leg stretch. Hold for 10 to 20 seconds. Do the exercise 6 to 10 times.



This handout is provided to you by your family doctor and the American Academy of Family Physicians. Additional family doctor-related information is available from the AAFP online at <http://familydoctor.org>.

This information provides a general overview and may not apply to everyone. Talk to your family doctor to see if this information applies to you and to get more information on this subject.

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