Effect of Weight Bearing Exercises in Patients Diagnosed with Patellofemoral Pain Syndrome

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**Introduction**

**P**atellofemoral pain can occur in single or both knees and is most common cause of knee pain. Patellofemoral pain syndrome is a term used to describe the pain behind or around the knee cap (called the “patella”) resulting from the problems of the Patellofemoral joint. Overuse and overload by repeated bending of the knee or other weight bearing activity may increase the pressure between the knee cap and thigh irritating the under surface of the knee cap (articular cartilage), leading to wear and tear and causing great pain. Training errors and repeated weight bearing impact may be contributing factor, particularly in athletes. Steps, hills and uneven surfaces tend to exacerbate Patellofemoral pain. Individuals may have a muscle imbalance or alignment problem (flat feet and knock knees) of the lower limbs causing the abnormal gliding of knee cap within the groove of the knee.

There are three stages of Patellofemoral pain syndrome:-

1. Acute stage/ severe condition.
2. Sub-acute stage/ moderate condition.
3. Settled stage/ mild condition.

**Aim**

To study the effect of weight bearing rehabilitation programme in patient diagnosed with Patellofemoral pain.

**Objectives**

1. Create awareness about the Patellofemoral pain and disability.
2. Encourage weight bearing activities.

**Material and Methodology**

Study design - Interventional study.

Study setting - participants were from the Orthopaedic outpatient department of Acharya Vinoba Bhave Rural Hospital and Ravi Nair Physiotherapy College Sawangi Meghe, Wardha.

Sample size – 50 patients diagnosed with patellofemoral pain were selected with simple random sampling technique.Voluntary participation with consent and study explanation done.

Inclusion criteria -

1. Patients having history of anterior, retro or peripatellar pain that was readily reproducible during atleast two of the following activities within last one month.
* Ascending and descending the stairs.
* Hopping and running.
* Squatting.
* Prolong sitting.
1. Insidious onset of symptoms not related to trauma.
2. Pain on palpation of patellar facets.
3. Age between 20-50 years.
4. Both genders.

Exclusion criteria-

1. History of ligamentous pathology around knee.
2. History of patellar tendinitis.
3. History of joint effusion.
4. History of knee surgery.
5. History of patellar subluxation or dislocation.
6. Significant injury affecting other lower extremity joint.
7. Patients with the evidence of tibio femoral osteoarthritis of knee.

Duration of the study-

Study conducted during the period of august 2009 to august 2010 and the patients were for 6 weeks under the treatment.

Outcome measures-

* Primary outcome - Visual analogue scale [VAS].
* Secondary outcome measure - Patellofemoral joint evaluation scale for measuring the disability.
* The patients were observed for 7 points which were limp, assistive devices, difficulty in stair climbing, crepitation, inability ”giving away”, swelling, pain.
* Then the patients were graded as excellent 90-100 points, good 80-89, fair 60-79, and poor<60 points out of total score of 100.

Procedure –

* The physical examination of each patient were conducted and they were randomly allocated to group A and B. Group A patients were given weight bearing rehabilitation program and conventional treatment.

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| **Activity** | **Duration** |
| Stretches (All exercise sessions)● Sitting hamstring stretch● Standing quadriceps stretch● Standing calf stretch | 5 repetitions/20-s hold |
| Week 1 Exercises● Wall slides (0°\_40° of knee flexion)● Lateral step downs off 4-in step● Single-leg heel raises● Theraband front pull (subjects perform a single-leg stance on injured limb and perform standing, resisted hip flexion with the contralateral limb) | 15 repetitions/5-s hold3 sets of 10 repetitions3 sets of 10 repetitions3 sets of 10 repetitions |
| Week 2 Exercises● Wall slides (0°\_40° of knee flexion) with Theraband resistance around knees● Single-leg heel raises on balance pad● Lateral step down off 6-in step●Theraband diagonal pull (subjects perform a single-leg stance on injured limb and perform standing resisted hip flexion in a diagonal pattern) | 15 repetitions/5-s hold3 sets of 10 repetitions3 sets of 10 repetitions3 sets of 10 repetitions |
| Week 3 Exercises● Wall slides (0°\_40° of knee flexion) standing on balance pad with Theraband resistance around knees● Mini-squat (0°\_30° of knee flexion)● Lateral step down off 4-in step with Theraband resistance behind knee pulling anteriorly●Single-leg stance on balance pad bouncing ball off wall | 15 repetitions/5-s hold3 sets of 10 repetitions3 sets of 10 repetitions3 sets of 20 ball tosses |
| Week 4 Exercises● Mini-squat (0°\_30° of knee flexion) on balance pad● Lateral step down off 6-in step with Theraband resistance behind knee pulling anteriorly● Backward walk with Theraband resistance around ankles (subjects stand with slight knee flexion and take steps backward with resistance between ankles)● Forward lunges onto 8-in step without push-off (subjects lunge onto 8-in step to 40° of kneeflexion) | 3 sets of 10 repetitions3 sets of 10 repetitions3 sets of 10 repetitions3 sets of 10 repetitions |
| Week 5 Exercises● Single-leg mini-squat (0°\_30° of knee flexion)● Lateral step down off 4-in step standing on balance pad with Theraband resistance behind knee pulling anteriorly● Side stepping with Theraband resistance around ankles (subjects stand with slight knee flexion and take steps laterally with resistance between ankles)● Forward lunges onto 8-in step with push-off (subjects lunge onto step to 40° of knee flexion and push off to starting position) | 3 sets of 10 repetitions3 sets of 10 repetitions3 sets of 10 repetitions3 sets of 10 repetitions |
| Week 6 Exercises● Single-leg mini-squat (0°\_30° of knee flexion) standing on balance pad● Lateral step down off 6-in step standing on balance pad with Theraband resistance behind knee pulling anteriorly● Monster walks with Theraband resistance around ankles (subjects stand with 30° of knee flexion and walk forward with resistance between ankles)● Forward lunges to ground level (subjects lunge on level surface to 40° of knee flexion) to left and right | 3 sets of 10 repetitions3 sets of 10 repetitions3 sets of 10 repetitions3 sets of 10 repetitions |

* Group B patients were conventional treatment in the form of hot fomentation, quadriceps exercises starting with isometric quadriceps exercises and later dynamic quadriceps exercises as a progression.
* Patients were assessed on Day 1st, 7th, 14th, 21st, 28th, 35th, 42nd for pain on VAS, PFEJS score and knee flexion ROM.
* The observations were recorded and the results were statistically analysed.

**Data Analysis**

* Comparison of pain on VAS in group A pre and post test



* Comparison of pain on VAS in group B pre and post test



* Comparison of Patellofemoral joint evaluation scale in group A pre and post test



* Comparison of Patellofemoral joint evaluation scale in group B pre and post test



**Result and Conclusion**

1. This study is suggestive of the weight bearing rehabilitation programs can be effectively used in case of the patients with Patellofemoral pain.
2. We also found that due to participation in weight bearing activities the ADLs of the patients found to be less affected.
3. Hence, the weight bearing program in form of closed chain exercises can be practice regularly in physiotherapy for encouragement of patients towards weight bearing activities.
4. From the study it is found that age doesn’t show any difference in pain and the reduction in knee range of motion with respect to age of the patient.