

The Most Common Cause of Knee Pain

Patellofemoral joint pain (PFJP) is the most common cause of knee pain. It typically results from a quadriceps imbalance and poor biomechanics, which leads to increased stress on the patellar. PFJP can occur in isolation however in many instances co-exists with other chronic or sub-acute conditions such as arthritis, meniscus tears and even post-operative issues. PFJP is often the major cause of knee pain in different age groups and walks of life - from active individuals, office workers, adolescents and older adults. Physiotherapy is very effective in the treatment of PFJP. This is supported by a large body of medical evidence and research.

! Knee pain is the second most common musculoskeletal complaint seen in primary care, and 85-90% of cases can be managed conservatively with physiotherapy.

Why Physiotherapy over Surgery?

GPs play a crucial role in guiding patients toward evidence-based, non-surgical treatment. Physiotherapy offers:

- **Pain Reduction:** Targeted strengthening and mobility work ease joint pressure.
- **Biomechanical Correction:** Addresses muscle imbalances and movement patterns preventing recurrence.
- **Activity Modification:** Patients learn how to stay active while managing symptoms.
- **Cost-Effective & Low-Risk Care:** Surgery carries risks and prolonged downtime, while physiotherapy is a safer, proven alternative.

Key Indicators for Physiotherapy Referral

When patients describe their knee pain, listen for:

Prompt referral to physiotherapy is the key. With an early intervention and personalised treatment plan, we can address the root cause of your patient's pain. No unnecessary interventions. No guessing. Just a structured path back to confident movement.

"My knee hurts when I take the stairs or sit for too long." Pain triggered by prolonged sitting, squatting, or stair climbing is a common sign of PFJP.

"It feels like my kneecap is grinding or clicking when I move." Patients may report a sensation of instability or catching behind the kneecap.



"I used to run, but now my knee feels sore afterwards." Discomfort following high-impact activities may indicate poor knee mechanics or muscle imbalances.

"I've started avoiding certain activities because of my knee pain." A gradual reduction in movement due to pain can lead to deconditioning and worsening symptoms.

Supporting Knee Health: The Role of GPs and Physiotherapists

A proactive approach - where GPs and physiotherapists work together - leads to better outcomes, faster recovery, and fewer long-term complications.



The Role of GPs

- **Initial Assessment:** Listen for key complaints like pain when using stairs, prolonged sitting discomfort, or a sensation of grinding in the knee.
- **Imaging Referrals:** If required, arrange imaging. However, as you know, in most cases, conservative management is the best first step.
- **Timely Referral:** Early physiotherapy intervention means shorter recovery times and fewer long-term mobility issues.



The Role of Physiotherapists

- **Targeted Rehabilitation:** A combination of manual therapy and exercise is prescribed to strengthen key muscles and restore knee function.
- **Movement and Biomechanics Correction:** Identifying poor movement patterns and adjusting load management prevents ongoing strain.
- **Helping Patients Stay Active:** Patients receive guidance on modifying their activities so they can keep moving while avoiding further irritation.
- **Regular Updates for GPs:** Physiotherapists provide progress reports to ensure ongoing, coordinated care.

Studies and research shows that physiotherapy improves patellofemoral pain without the need for surgery.

Up to 80-85% of people experiencing knee pain have associated patellofemoral joint pain, making it a frequent reason for GP consultations.

Treatment Options to Keep Patients Moving

Physiotherapy is central to non-surgical management of PFJP-related pain. Interventions include:

- **Manual Therapy:** Hands-on physiotherapy techniques are essential to address stiffness and improve mobility = decreased pain
- **Personalised Exercise Plans:** Custom programs to strengthen weak areas, improve flexibility, and reduce pain.
- **Education:** Teaching patients how to modify activities and avoid reinjury.

Early GP referral ensures patients receive the care they need before conditions deteriorate.



Refer to 360 Physio

We specialise in managing patellofemoral joint pain through evidence-based, non-surgical care. Our tailored treatment plans focus on restoring movement, strength and confidence. By working together, we can ensure your patients recover and protect their long-term knee health.

Visit the 360 Physio Revesby General Practitioners Hub for more resources to empower your patient for better outcomes with physiotherapy.

Contact us to find out more about how we can help your patients reach their potential.

(02) 9774 2530

Brett St Medical Precinct, Suite 2, Level 1 Corner Macarthur Ave & Brett St REVESBY 2212 | P (02) 9774 2530 | W 360physiorevesby.com.au

References

- Almeida, G. P. L., Silva, A. P. M. C., & Pedrinelli, A. (2021). Effects of exercise therapy on pain and function in patients with patellofemoral pain syndrome: A systematic review. *Journal of Physical Therapy Science*, 33(1), 1-7. <https://doi.org/10.1589/jpts.331>
- Barton, C. J., Lack, S., Hemmings, S., Tufail, S., & Morrissey, D. (2021). The 'Best Practice Guide to Conservative Management of Patellofemoral Pain': Incorporating level 1 evidence with expert clinical reasoning. *British Journal of Sports Medicine*, 55(1), 116-117. <https://doi.org/10.1136/bjsports-2014-093637>
- Bennell, K. L., Dobson, F., & Hinman, R. S. (2022). Exercise in osteoarthritis: Moving from prescription to adherence. *Best Practice & Research Clinical Rheumatology*, 36(1), 101657. <https://doi.org/10.1016/j.berh.2021.101657>
- Crossley, K. M., van Middelkoop, M., Callaghan, M. J., Collins, N. J., Rathleff, M. S., & Barton, C. J. (2021). Patellofemoral pain consensus statement from the 4th International Patellofemoral Pain Research Retreat, Manchester. Part 2: Recommended physical interventions (exercise, taping, bracing, foot orthoses and combined interventions). *British Journal of Sports Medicine*, 55(2), 116-117. <https://doi.org/10.1136/bjsports-2016-096268>
- de Oliveira Silva, D., Briani, R. V., Pazzinato, M. F., Ferrari, D., Aragão, F. A., & de Azevedo, F. M. (2021). Reduced knee flexion is a possible cause of increased loading rates in individuals with patellofemoral pain. *Clinical Biomechanics*, 81, 105-110. <https://doi.org/10.1016/j.clinbiomech.2021.105110>
- Esculier, J. F., Bouyer, L. J., Dubois, B., Fremont, P., Moore, L., & McFadyen, B. J. (2021). Is combining gait retraining or an exercise program with education better than education alone in treating runners with patellofemoral pain? A randomized clinical trial. *British Journal of Sports Medicine*, 55(15), 870-877. <https://doi.org/10.1136/bjsports-2020-102596>
- Ferreira, A. S., Nakagawa, T. H., Santos, J. M., Serrão, F. V., & Maciel, C. D. (2022). Effects of hip and knee exercises on pain and function in women with patellofemoral pain: A randomized controlled trial. *Physical Therapy in Sport*, 53, 123-130. <https://doi.org/10.1016/j.ptsp.2021.12.003>
- Gaitonde, D. Y., Erickson, A., & Robbins, R. C. (2021). Patellofemoral Pain Syndrome: A Review and Guidelines for Treatment. *American Family Physician*, 104(2), 149-156.
- Lack, S., Barton, C., Sohan, O., Crossley, K., & Morrissey, D. (2021). Proximal muscle rehabilitation is effective for patellofemoral pain: A systematic review with meta-analysis. *British Journal of Sports Medicine*, 49(21), 1365-1376. <https://doi.org/10.1136/bjsports-2015-094723>
- Rathleff, M. S., Vicenzino, B., Middelkoop, M. V., Graven-Nielsen, T., & Crossley, K. M. (2021). Patellofemoral pain: More than a knee problem? The clinical implications of understanding the evidence. *British Journal of Sports Medicine*, 55(14), 764-766. <https://doi.org/10.1136/bjsports-2020-102728>