



EXCESSIVE LATERAL PATELLAR COMPRESSION SYNDROME **(Chondromalacia Patella)**

■ ■ ■ Description

Excessive lateral patellar compression syndrome is characterized by pain in the knee due to increased pressure from the kneecap (patella). This usually occurs without injury, although it may follow injury to the knee. The patella is a V-shaped bone that sits in a groove (trochlea) of the thigh bone. The kneecap is a bone within the tendon of the quadriceps muscles (thigh). The patella stays within the groove in the thigh bone because of muscle forces and ligament-like tissue (retinaculum).

■ ■ ■ Common Signs and Symptoms

- Diffuse knee pain, usually in the front half of the knee, behind the kneecap, or in the very back of the knee; pain may also be above or below the kneecap
- Pain that worsens with sitting for long periods, arising from a sitting position, going up or down stairs or hills, kneeling, squatting, or wearing shoes with heels
- Often, pain with jumping
- Usually achy pain but may be sharp
- Giving way, catching of the knee
- Minimal or no swelling, no locking

■ ■ ■ Causes

This condition usually occurs without injury, although it may follow an injury to the knee. Weakness of the quadriceps muscles (which follows knee swelling or injury) results in poor tracking of the kneecap. Poor tracking also occurs in individuals with poor alignment of the whole thigh and leg. The poor tracking results in pressure being concentrated on the outer part of the kneecap (as opposed to being distributed over the whole kneecap). The retinaculum on the inner part of the knee is stretched while the retinaculum on the outer part of the knee shortens with time. The pain is worse when the knee is bent or when the quadriceps muscle is active or both (each causing force on the patella).

■ ■ ■ Risk Increases With

- Tight hamstring (back of the thigh), quadriceps (front of thigh), or calf muscles; weak quadriceps (front of the thigh) muscles
- Inadequate warm-up before practice or competition
- Sports that involve running, jumping, or squatting
- Poor alignment of the legs (knock knees, kneecaps that point toward each other when the feet are straight ahead), poorly formed trochlea (something you are born with), flat feet
- Previous injury or surgery to the knee
- Direct injury to the kneecap (falling on the kneecap)

■ ■ ■ Preventive Measures

- Appropriately warm up and stretch before practice and competition.

- Maintain appropriate conditioning:
 - Thigh, knee, and calf flexibility
 - Muscle strength and endurance
- Use arch supports (orthotics), knee pads.

■ ■ ■ Expected Outcome

Usually curable with appropriate treatment. Complete healing is quickest with rest from offending activity, although continued sports and aggravating activity does not usually lead to irreversible problems or damage.

■ ■ ■ Possible Complications

- Frequent recurrence of symptoms and disability severe enough to diminish an athlete's competitive ability
- Arthritis of the kneecap
- Kneecap dislocations
- Risks of surgery, including infection, bleeding, injury to nerves (numbness, weakness, paralysis), knee stiffness, dislocation of the kneecap, weakness, continued pain, compartment syndrome (when surgery is performed to cut the bone of the leg and move it)

■ ■ ■ General Treatment Considerations

Initial treatment consists of medications and ice to relieve pain and reduce inflammation, stretching and strengthening exercises, and modification of the activity that produces the symptoms. These may be carried out at home, although occasionally referral to a physical therapist or athletic trainer may be indicated. Icing the knee after exercise is helpful. Occasionally your physician may recommend bracing with a knee sleeve to help the kneecap track properly. Arch supports (orthotics) are helpful for those with flat feet. Surgery may be required if symptoms persist despite conservative treatment. This may be done with or without the use of arthroscopy, by cutting the retinaculum on the outer side of the knee (lateral release) with or without tightening the retinaculum on the inner side of the knee. Occasionally surgery to cut the tibial tubercle (insertion of the patellar tendon into bone) and move it may be required.

■ ■ ■ Medication

- Nonsteroidal anti-inflammatory medications, such as aspirin and ibuprofen (do not take within 7 days before surgery), or other minor pain relievers, such as acetaminophen, are often recommended. Take these as directed by your physician. Contact your physician immediately if any bleeding, stomach upset, or signs of an allergic reaction occur.
- Stronger pain relievers may be prescribed as necessary by your physician, usually only after surgery. Use only as directed and only as much as you need.

- Injections of corticosteroids may uncommonly be given to reduce inflammation.

■ ■ ■ **Heat and Cold**

- Cold is used to relieve pain and reduce inflammation for acute and chronic cases. Cold should be applied for 10 to 15 minutes every 2 to 3 hours for inflammation and pain and immediately after any activity that aggravates your symptoms. Use ice packs or an ice massage.
- Use heat before performing stretching and strengthening activities prescribed by your physician or physical therapist. Use a heat pack or a warm soak.

■ ■ ■ **Notify Our Office If**

- Symptoms get worse or do not improve in 6 to 8 weeks despite treatment
- Any of the following occur after surgery:

- Pain, numbness, coldness, or discoloration (blue, gray, or dusky) in the foot
- Fever, increased pain, swelling, redness, drainage, or bleeding in the surgical area
- New, unexplained symptoms develop (drugs used in treatment may produce side effects)

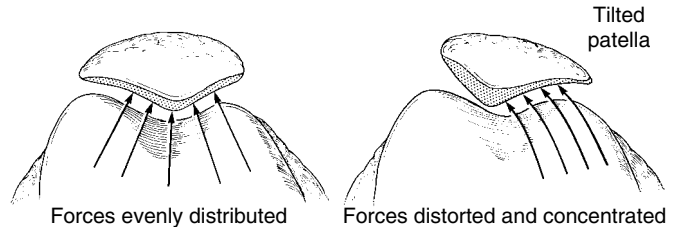


Figure 1

From Scuderi GR, McCann PD, Bruno PJ: Sports Medicine: Principles of Primary Care. St. Louis, Mosby, 1997, p. 368.

EXERCISES

➤ **RANGE OF MOTION AND STRETCHING EXERCISES** • Excessive Lateral Patellar Compression Syndrome

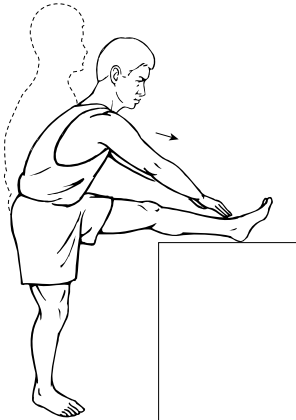
These are some of the *initial* exercises you may start your rehabilitation program with until you see your physician, physical therapist, or athletic trainer again or until your symptoms are resolved. If any of these exercises causes pain or discomfort stop them and consult your physician, physical therapist, or athletic trainer. Please remember:

- Flexible tissue is more tolerant of the stresses placed on it during activities.
- Each stretch should be held for 20 to 30 seconds.
- A *gentle* stretching sensation should be felt.



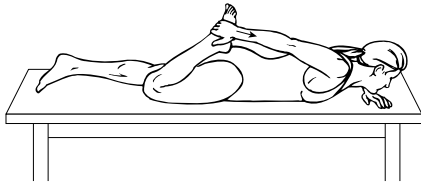
PATELLA • Self Mobilization, Knee Flexed

1. Sit with your knee bent 75 to 90 degrees and your foot flat on the floor.
2. Place the inside half of your palm (near your thumb) on top of the inside half of your kneecap.
3. Press down on the inside half of your kneecap, attempting to lift the outside edge up, stretching the fibers that are tight. You should feel a slight stretching sensation on the outside edge of your kneecap.
4. Hold this position for _____ seconds.
5. Repeat exercise _____ times, _____ times per day.



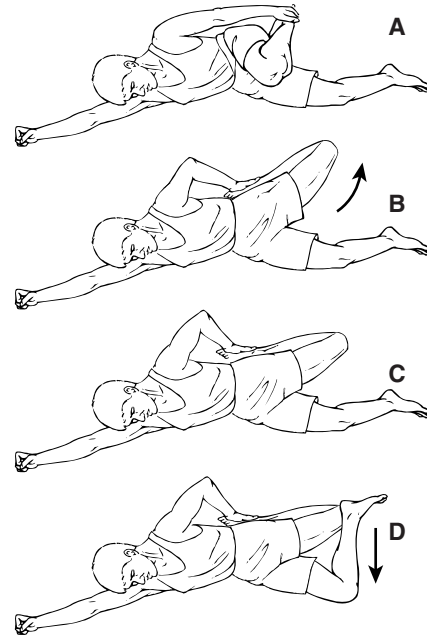
FLEXIBILITY • Hamstrings, Ballet

1. Stand and prop the leg you are stretching on a chair, table, or other stable object.
2. Place both hands on the outside of the leg you are stretching.
3. Make sure that your hips/pelvis are also facing the leg you are stretching.
4. Slide your hands down the outside of your leg.
5. Lead with your chest/breast bone. Keep your chest upright and back straight. Do not hunch over at the shoulders. Keep your toes pointing up.
6. You should feel a stretch in the back of your thigh.
7. Hold this position for _____ seconds.
8. Repeat exercise _____ times, _____ times per day.



STRETCH • Quadriceps, Prone

1. Lie on your stomach as shown.
2. Bend your knee, grasping your toes, foot, or ankle. If you are too "tight" to do this, loop a belt or towel around your ankle and grasp that.
3. Pull your heel toward your buttock until you feel a stretching sensation in the front of your thigh.
4. Keep your knees together.
5. Hold this position for _____ seconds.
6. Repeat exercise _____ times, _____ times per day.



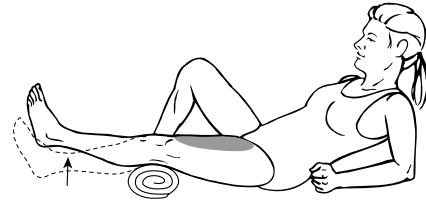
ILIOTIBIAL BAND STRETCH

1. Lie on your side as shown. The muscle/iliotibial band to be stretched should be on top.
2. With your hand, grasp your ankle and pull your heel to your buttocks and bend your hip so that your knee is pointing forward as in the top drawing (A).
3. Rotate your hip up so that your thigh is away from your body as shown and in line with your body. Keep your heel to your buttocks (B).
4. Bring the thigh back down and behind your body. Do not bend at the waist. Keep your heel pressed to your buttocks (C).
5. Place the heel of your opposite foot on top of your knee and pull the knee/thigh down farther. You should feel a stretch on the outside of your thigh near your kneecap (D).
6. Hold this position for _____ seconds.
7. Repeat exercise _____ times, _____ times per day.

> STRENGTHENING EXERCISES • Excessive Lateral Patellar Compression Syndrome

These are some of the *initial* exercises you may start your rehabilitation program with until you see your physician, physical therapist, or athletic trainer again or until your symptoms are resolved. Please remember:

- Strong muscles with good endurance tolerate stress better.
- Do the exercises as *initially* prescribed by your physician, physical therapist, or athletic trainer. Progress slowly with each exercise, gradually increasing the number of repetitions and weight used under their guidance.
- *Only do your exercises in a pain-free range of motion. If the exercises that involve bending your knees while bearing weight cause pain, stop them and consult your physician, physical therapist, or athletic trainer.*

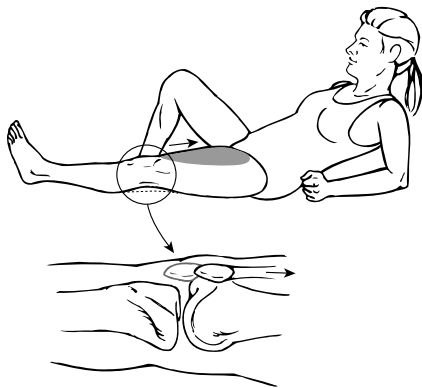


STRENGTH • Quadriceps, Short Arcs

1. Lie flat or sit with your leg straight.
2. Place a _____ inch roll under your knee, allowing it to bend.
3. Tighten the muscle in the front of your knee as much as you can, and lift your heel off the floor.
4. Hold this position for _____ seconds.
5. Repeat exercise _____ times, _____ times per day.

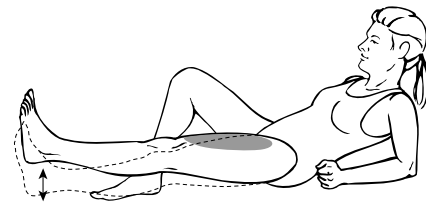
Additional Weights: OK TO USE DO NOT USE!!!

If okay'd by your physician, physical therapist, or athletic trainer, a _____ pound weight may be placed around your ankle for additional weight.



STRENGTH • Quadriceps, Isometrics

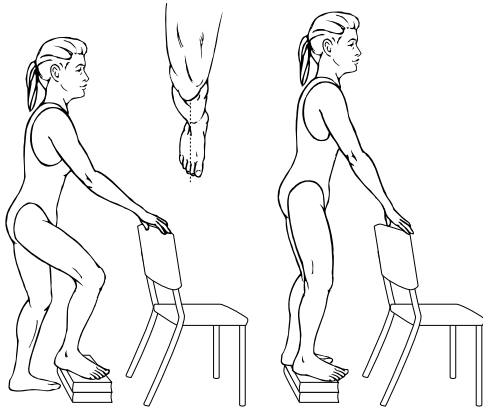
1. Lie flat or sit with your leg straight.
2. Tighten the muscle in the front of your thigh as much as you can, pushing the back of your knee flat against the floor. This will pull your kneecap up your thigh, toward your hip.
3. Hold the muscle tight for _____ seconds.
4. Repeat this exercise _____ times, _____ times per day.



STRENGTH • Quadriceps, 7 Count

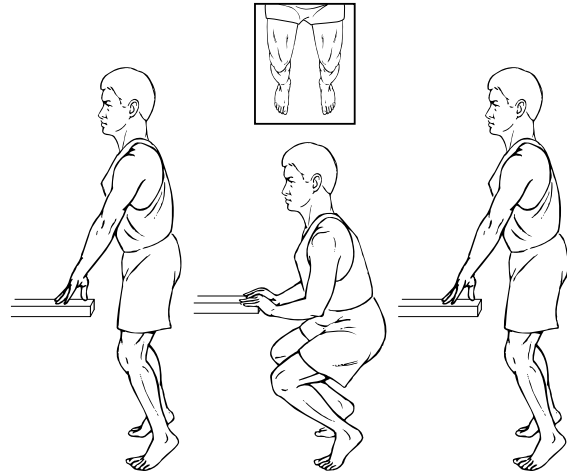
The quality of the muscle contraction in this exercise is what counts the most, not just the ability to lift your leg!

1. Tighten the muscle in front of your thigh as much as you can, pushing the back of your knee flat against the floor.
2. Tighten this muscle **harder**.
3. Lift your leg/heel 4 to 6 inches off the floor.
4. Tighten this muscle **harder again**.
5. Lower your leg/heel back to the floor. Keep the muscle in front of your thigh as tight as possible.
6. Tighten this muscle **harder again**.
7. Relax.
8. Repeat exercise _____ times, _____ times per day.



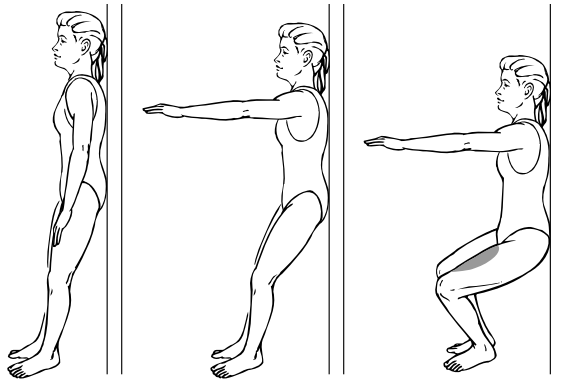
STRENGTH • Quadriceps, Step-Ups

1. Use a step or books.
2. Place your foot on the step or books approximately _____ inches in height. **Make sure that your kneecap is in line with the tip of your shoe or your second toe.**
3. Hold on to a hand rail, chair, wall, or another object for balance if needed.
4. Slowly step up and down. Make sure that the kneecap is always in line with the tip of your shoe or your second toe. Lightly touch the heel of the opposite leg to the floor and return to the starting position.
5. Repeat exercise _____ times, _____ times per day.



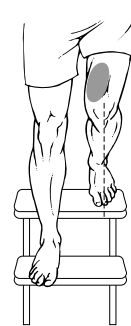
STRENGTH • Quads

1. Stand with your feet shoulder-width apart and place equal weight on both legs.
2. Keep your kneecaps in line with your toes.
3. Slowly bend both knees, keeping **equal weight** on both legs, and return to a standing position.
4. **Do not bend your knees more than 90 degrees.**
5. You may use the edge of a table or counter for balance if needed.
6. Repeat exercise _____ times, _____ times per day.



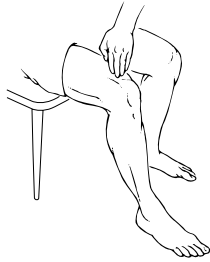
STRENGTH • Quadriceps, Wall Slide

1. Stand with your back against the wall. Your feet should be shoulder-width apart and approximately 18 to 24 inches away from the wall. Your kneecaps should be in line with the tip of your shoes or your second toe.
2. Slowly slide down the wall so that there is a _____ degree bend in your knees. (*Your physician, physical therapist, or athletic trainer will instruct you how to progress the amount of bend based on your symptoms and diagnosis.*)
3. Hold this position for _____ seconds. Stand up and rest for _____ seconds.
4. Repeat exercise _____ times, _____ times per day.



STRENGTH • Quads

1. Stand on the edge of a step/stair. **Make sure your kneecap is in line with your second toe.**
2. Slowly step down and touch the heel of your opposite leg on the stair below you. Return to the starting position.
3. Do not go into a painful range. Stop short of the step if necessary to avoid any pain.
4. Use your stair rails for balance as needed.
5. Repeat exercise _____ times, _____ times per day.



STRENGTH • Isometric Quad/VMO

1. Sit in a chair with your knee bent 75 to 90 degrees as shown in the drawing.
2. With your fingertips, feel the muscle just above the kneecap on the inside half of your thigh. This is the VMO.
3. Push your foot and leg into the floor to cause the thigh muscles to tighten.
4. Concentrate on feeling the VMO tighten. This muscle is important because it helps control the position of your kneecap.
5. Tighten and hold for _____ seconds.
6. Repeat exercise _____ times, _____ times per day.

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Notes:

(Up to 4400 characters only)

Notes and suggestions