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RAPID RESEARCH

March 2021

Inside This Week: Best Treatments

-
- ✓ Best Treatment for Patellofemoral Pain

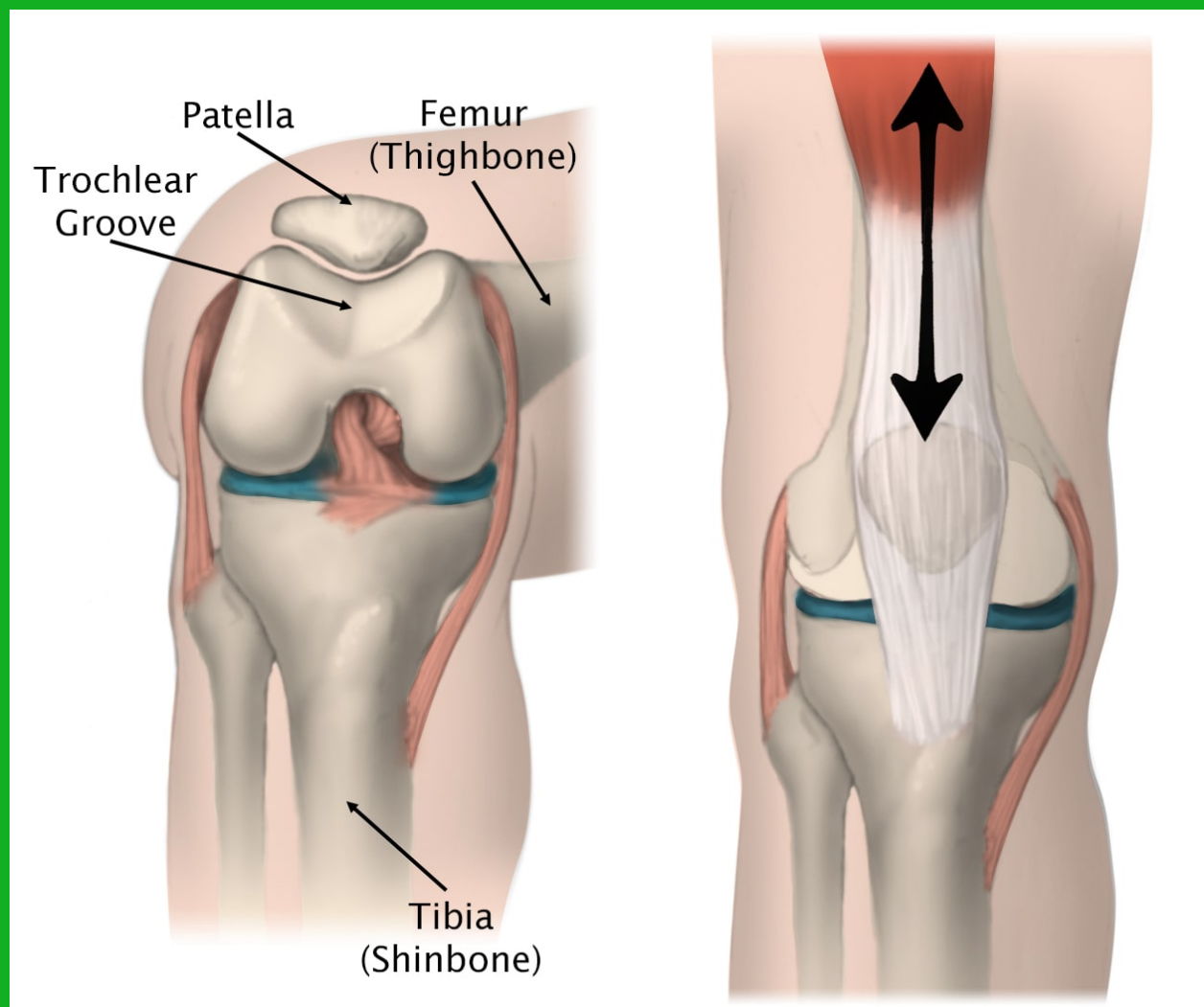
 - ✓ Best Treatment for Chronic Low Back Pain

 - ✓ Best Treatment for Achilles Tendinopathy



BEST TREATMENT FOR PATELLOFEMORAL PAIN

This research summarized the evidence regarding the pathophysiology of nonspecific Patellofemoral Pain to review the treatment of athletes with these conditions.



KEY FINDINGS

5 recent systematic reviews concluded exercise had a positive effect on pain and function in patients with PFP.

The most effective intervention programs included exercises targeting:

Hip external rotators

Hip Abductors

Knee extensors

Positive clinical effects have been described for:

Active stretching exercises

Ergometer exercise

Squats

Static quadriceps exercises

Leg presses

Active leg raises and lowers

Climbing exercises

Most Used Exercise PRESCRIPTION:

**10 repetitions per exercise
2-4x per day
for 6 weeks**

**Additional interventions such
as restriction of symptom-
inducing activities, tape,
braces, and NSAIDs were
complimentary.**

MAIN TAKEAWAYS

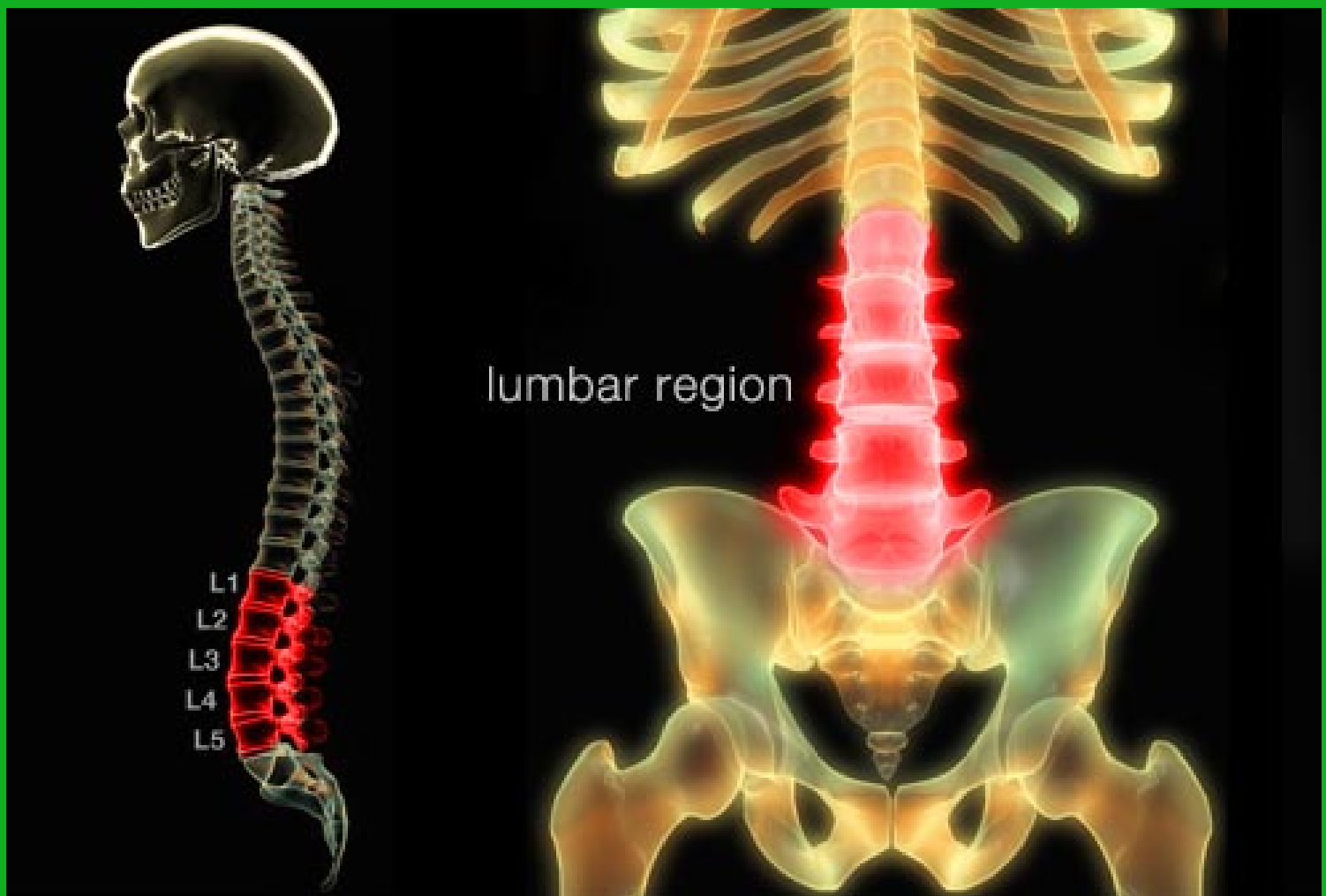
Strong evidence exists for a targeted, graded exercise program to effectively treat PFP.

Exercises to treat PFP should target the muscles of the hip, knee (quadriceps and hamstrings), trunk, and iliotibial tract

Some additional modalities can be useful to compliment exercise based treatment.

BEST TREATMENT FOR CHRONIC LOW BACK PAIN

This research evaluated the efficacy of interventions best capable of treating nonspecific chronic low back pain,



KEY FINDINGS

89 studies, including 5578 patients, focused on pain(70), physical function (63), mental health (16), trunk muscle strength (4).

Most Beneficial Exercise Training Modalities:

Pilates for pain.

Resistance and stabilization/motor control for physical function.

Resistance and Aerobic for mental health.

Least Beneficial Modalities in Order:

True control was most likely to be the worst treatment for all outcomes.

Hands-off treatments for pain and physical function.

Manual Therapy for mental health.

Stretching and McKenzie exercise effect sizes did not differ to true control for pain or function.

MAIN TAKEAWAYS

Low quality evidence Suggests:

Pilates, Stabilization/motor control,

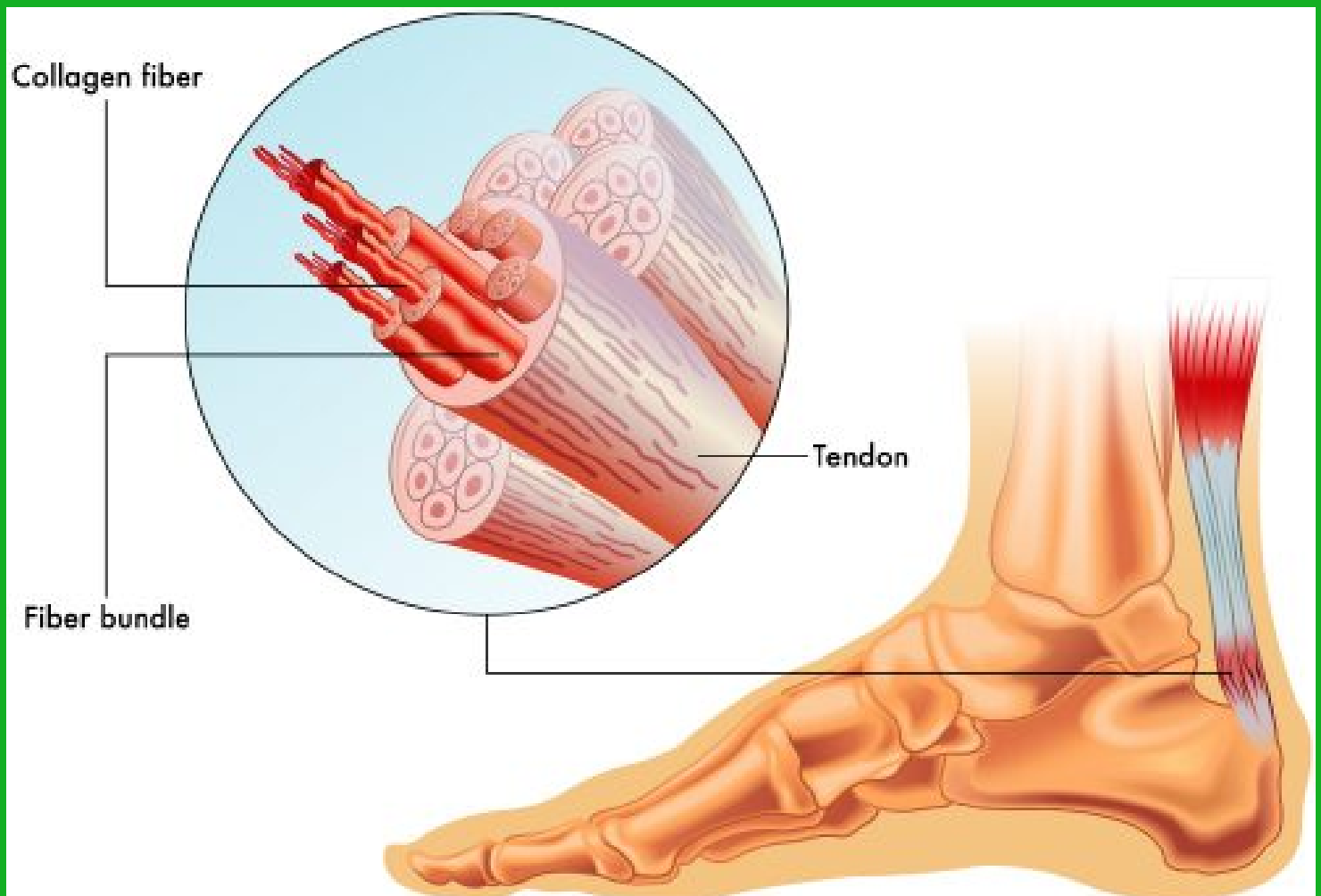
Resistance training and Aerobic exercise training are the most effective treatments,

for adults with Non-specific CLBP.

Exercise training may also be more effective than therapist hands-on treatment.

BEST TREATMENT FOR ACHILLES TENDINOPATHY

This study provided an update on the evidence-based evaluation, outcome assessment, treatment, and return-to-sport planning for Achilles tendinopathy.



KEY FINDINGS

Exercise-based treatment has the highest level of evidence for Achilles tendinopathy rehab.

Exercise provides mechanical load to the tendon to:

Promote remodeling.

Decrease pain.

Improve calf-muscle endurance and strength and lower leg function.

Any type of muscle contraction can be used to mechanically load the tendon.

The choice of exercise should be progressive and based on the individual patient's response.

This can be divided into 4 phases:

Symptom Control & Load Reduction.

Recovery.

Rebuilding.

Return to sport.

Example Exercises

MAIN TAKEAWAYS

Achilles tendinopathy is a clinical diagnosis based on localized tendon pain and swelling and pain with activities.

Exercise that provides mechanical loading of the Achilles tendon is the treatment with the highest level of evidence.

Treatment should focus on activity modification and progressive tendon-loading exercises.

Full recovery of symptoms does not ensure full recovery of function or tendon structure.

The best prevention is to recognize early “minor” symptoms and treat with load control.

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