Table des matières

1. Systematic Reviews and Meta-Analysis 1
1.1. Collins 2012 ★★ 1
1.1.1. Crossley 2001 ∅ 1
2. Clinical Practice Guidelines 2
2.1. American Physical Therapy Association (APTA, USA) 2019 ⊕ 2
2.2. International Patellofemoral Research Network (iPFRN) 2018 Ø 3

Patellofemoral pain syndrome

Syndrome fémoro-patellaire

1. Systematic Reviews and Meta-Analysis

☆☆☆	Evidence for effectiveness and a specific effect of acupuncture.
☆☆	Evidence for effectiveness of acupuncture.
☆	Evidence for effectiveness of acupuncture mais limitées qualitativement et/ou quantitativement.
Ø	No evidence or insufficient evidence.

1.1. Collins 2012 ★★

Collins NJ, Bisset LM, Crossley KM, Vicenzino B. Efficacy of nonsurgical interventions for anterior knee pain: systematic review and meta-analysis of randomized trials. Sports Med. 2012;42(1):31-49. [169167].

Purpose	A systematic review and meta-analysis was conducted to evaluate the evidence for nonsurgical interventions for anterior knee pain.
Methods	A comprehensive search strategy was used to search MEDLINE, EMBASE, CINAHL and Pre-CINAHL, PEDro, PubMed, SportDiscus, Web of Science, BIOSIS Previews, and the full Cochrane Library, while reference lists of included papers and previous systematic reviews were hand searched. Studies were eligible for inclusion if they were randomized clinical trials that used a measure of pain to evaluate at least one nonsurgical intervention over at least 2 weeks in participants with anterior knee pain. A modified version of the PEDro scale was used to rate methodological quality and risk of bias. Effect size calculation and meta-analyses were based on random effects models.
Results	Of 48 suitable studies, **27 studies** with low-to-moderate risk of bias were included. There was minimal opportunity for meta-analysis because of heterogeneity of interventions, comparators and follow-up times. Meta-analysis of high-quality clinical trials supports the use of a 6-week multimodal physiotherapy programme (standardized mean difference [SMD] 1.08, 95% CI 0.73, 1.43), but does not support the addition of electromyography biofeedback to an exercise programme in the short-term (4 weeks: SMD -0.21, 95% CI -0.64, 0.21; 8-12 weeks: SMD -0.22, 95% CI -0.65, 0.20). Individual study data showed beneficial effects for foot orthoses with and without multimodal physiotherapy (vs flat inserts), exercise (vs control), closed chain exercises (vs open chain exercises), patella taping in conjunction with exercise (vs exercise alone) and **acupuncture (vs control).**
Conclusion	Findings suggest that, in implementing evidence-based practice for the nonsurgical management of anterior knee pain, sports medicine practitioners should prescribe local, proximal and distal components of multimodal physiotherapy in the first instance for suitable patients, and then **consider foot orthoses or acupuncture as required.**

1.1.1. Crossley 2001 Ø

Crossley K et Al. A systematic review of physical interventions for patellofemoral pain syndrome. Clin J

Sport Med. 2001;11(2):103-10.94812.

Objective	Physical interventions (nonpharmacological and nonsurgical) are the mainstay of treatment for patellofemoral pain syndrome (PFPS). Physiotherapy is the most common of all physical interventions and includes specific vastus medialis obliquus or general quadriceps strengthening and/or realignment procedures (tape, brace, stretching). These treatments appear to be based on sound theoretical rationale and have attained widespread acceptance, but evidence for the efficacy of these interventions is not well established. This review will present the available evidence for physical interventions for PFPS.
Data Sources	Computerized bibliographic databases (MEDLINE, Current Contents, CINAHL) were searched, including the keywords “patellofemoral,” “patella,” and “anterior knee pain,” combined with “treatment,” “rehabilitation,” and limited to clinical trials through October 2000. Study Selection: The critical eligibility criteria used for inclusion were that the study be a controlled trial, that outcome assessments were adequately described, and that the treatment was a nonpharmacological, nonsurgical physical intervention.
Results	Of the 89 potentially relevant titles, 16 studies were reviewed and none of these fulfilled all of the requirements for a randomized, controlled trial. Physiotherapy interventions were evaluated in eight trials, and the remaining eight trials examined different physical interventions. Significant reductions in PFPS symptoms were found with a corrective foot orthosis and a progressive resistance brace, but **there is no evidence to support the use of patellofemoral orthoses, acupuncture, low-level laser, chiropractic patellar mobilization, or patellar taping**. Overall the physiotherapy interventions had significant beneficial effects but these interventions were not compared with a placebo control. There is inconclusive evidence to support the superiority of one physiotherapy intervention compared with others.
Conclusions	The evidence to support the use of physical interventions in the management of PFPS is limited. There appears to be a consistent improvement in short-term pain and function due to physiotherapy treatment, but comparison with a placebo group is required to determine efficacy, and further trials are warranted for the other interventions.

2. Clinical Practice Guidelines

⊕ positive recommendation (regardless of the level of evidence reported)
Ø negative recommendation (or lack of evidence)

2.1. American Physical Therapy Association (APTA, USA) 2019 ⊕

Willy RW, Hoglund LT, Barton CJ, Bolgla LA, Scalzitti DA, Logerstedt DS, Lynch AD, Snyder-Mackler L, McDonough CM. Patellofemoral Pain. Clinical Practice Guidelines Linked to the International Classification of Functioning, Disability and Health From the Academy of Orthopaedic Physical Therapy of the American Physical Therapy Association. J Orthop Sports Phys Ther. 2019;49(9):CPG1-CPG95. [219428]. doi

Clinicians may use acupuncture to reduce pain in patients with PFP. However, caution should be exercised with this recommendation, as the superiority of acupuncture over placebo or sham treatments is unknown. This recommendation should only be incorporated in settings where acupuncture is within the scope of practice of physical therapy.

2.2. International Patellofemoral Research Network (iPFRN) 2018 Ø

Collins NJ, Barton CJ, van Middelkoop M4, Callaghan MJ, Rathleff MS, Vicenzino BT, Davis IS, Powers CM, Macri EM, Hart HF, de Oliveira Silva D, Crossley KM. 2018 Consensus statement on exercise therapy and physical interventions (orthoses, taping and manual therapy) to treat patellofemoral pain: recommendations from the 5th International Patellofemoral Pain Research Retreat, Gold Coast, Australia, 2017. Br J Sports Med. 2018;52(18):1170-1178. [168585].

Patellofemoral pain: Acupuncture or dry needling to trigger points reduces pain in the short/medium term : Uncertain.

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