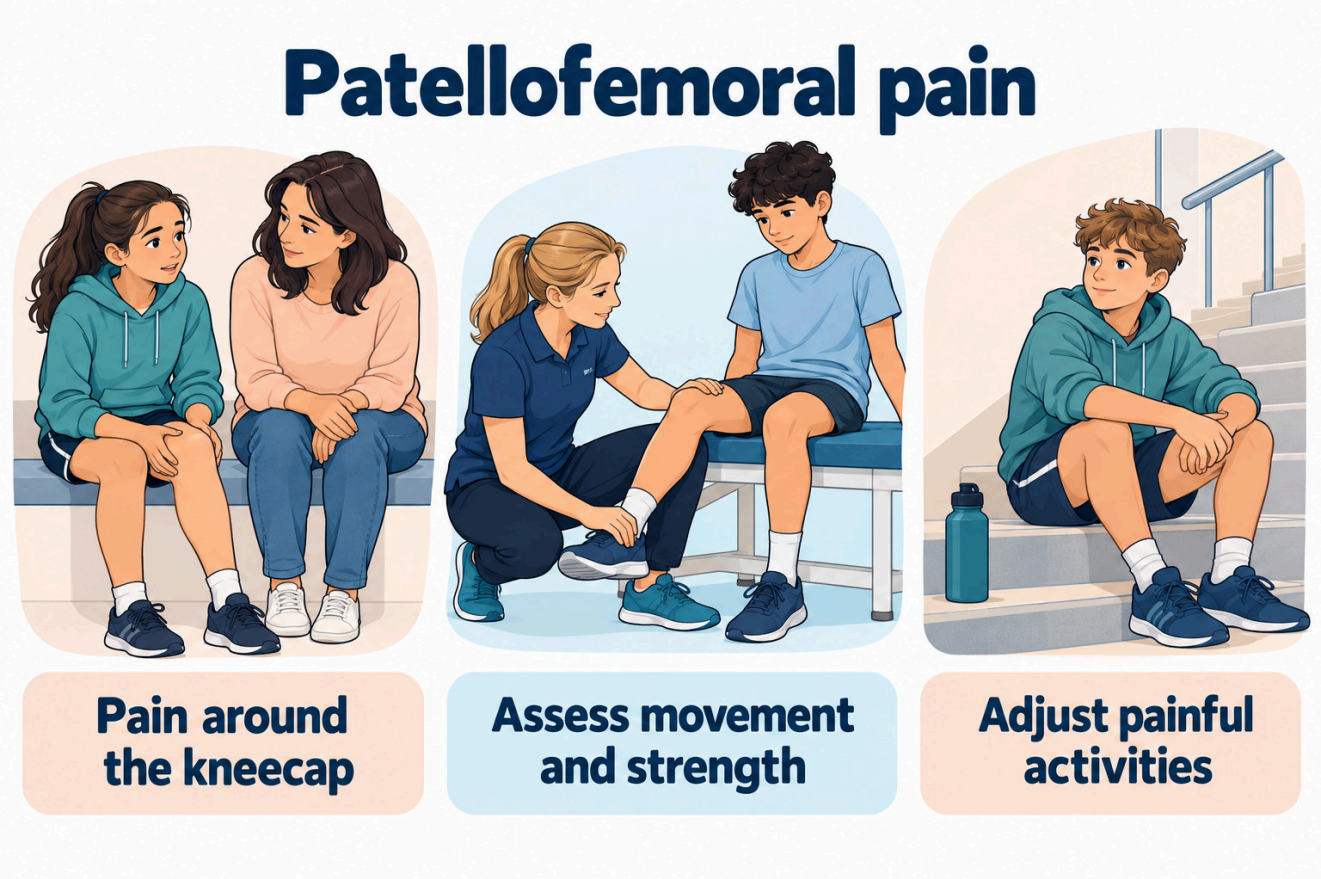
Patellofemoral Pain

Information for children, parents and carers

Patellofemoral Pain

A guide to symptoms, treatment and recovery



Understanding the condition

Patellofemoral pain syndrome (PFPS) causes pain around or behind the kneecap. It commonly affects active children and adolescents, often during growth, and can relate to activity demands and muscle control.

Supporting your child

Most children improve with physiotherapy and activity changes. A tailored plan develops thigh, hip and core strength, flexibility and movement technique while reducing activities that provoke pain.

Symptoms and assessment

Understanding the cause and when to seek help

Possible contributing factors

Overuse from running or jumping, muscle imbalance around the thigh and hip, foot or knee alignment and rapid growth may contribute. Assessment helps identify what is relevant for your child.

Common symptoms

Pain around or behind the kneecap, worse with running, jumping, stairs or sitting with bent knees for a long time. Clicking, a feeling of giving way or occasional swelling may occur.

How is it assessed?

The clinician asks about activity, symptom onset and growth, then checks alignment, strength and flexibility. X-rays or MRI are rarely required unless another cause needs to be ruled out.

Reducing painful loads

Temporarily reduce high-impact activities and avoid prolonged bent-knee sitting if painful. Follow advice on gradual rehabilitation rather than repeatedly provoking symptoms.

When to request review

Seek help for severe or persistent pain, swelling, redness or warmth, walking difficulty, instability, or no improvement after 4-6 weeks of conservative care.

Key message

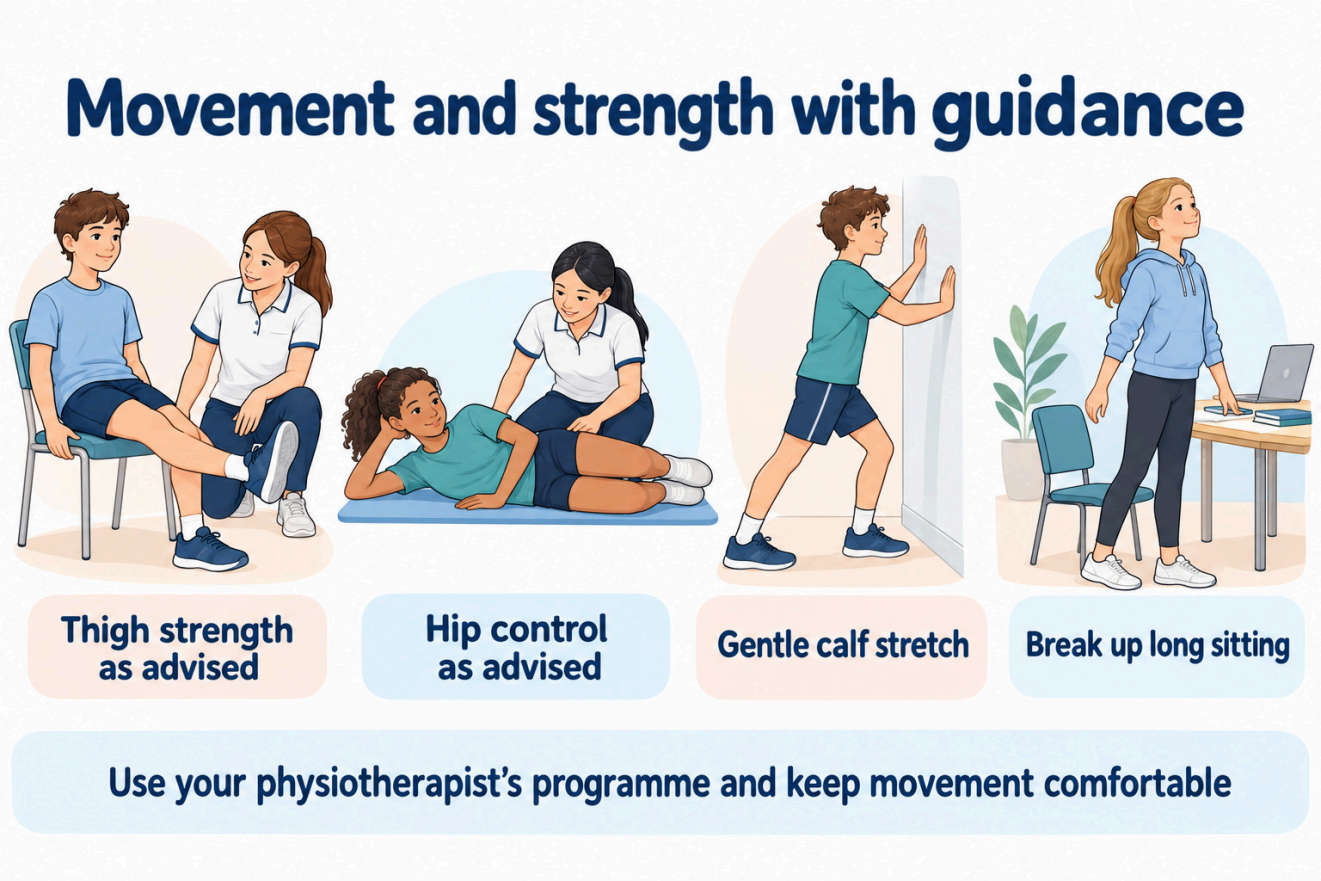
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Exercises and rehabilitation

Activity guided by your child's healthcare team

Before starting activity

The exercises shown are examples for an individual physiotherapy programme. Use the technique and progression taught to your child, keeping movement comfortable.



Activity guidance

Strength: prescribed quadriceps, hip and core exercises.
Flexibility: gentle work for tight hamstrings, calves or IT band.
Technique: practise movement and sports skills as advised.
Sitting: take breaks if bent-knee sitting provokes pain.

Important precautions

Do not push through increasing knee pain. Seek review for severe or persistent symptoms, redness, warmth, swelling, walking difficulty or instability.

Treatment and next steps

Caring for your child and finding support

Physiotherapy and activity changes

Reduce aggravating high-impact activity temporarily. A physiotherapist may prescribe strength and flexibility work and advise on movement technique. Keep up the recommended programme and review progress.

Comfort and supportive footwear

A wrapped cold pack for 10-15 minutes after activity may help. Use medicines only as advised for your child. Supportive shoes or insoles may be recommended for selected foot alignment problems.

Recovery and home support

Support regular prescribed exercises and avoid activities that trigger pain until the knee improves. Most children recover well with physiotherapy and activity management; persistent contributing factors may prolong symptoms.

Questions or concerns?

Contact a healthcare professional for severe or ongoing pain, swelling, redness or warmth, difficulty walking, instability or no improvement after 4-6 weeks. Ask for an individual return-to-activity plan.

B-Well Physiotherapy Services

0300 303 4811

bwell.mskberkshire@nhs.net

www.bwellberkshire.co.uk