

VIP for PT, or very important PEDro for physiotherapy

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Patellofemoral pain syndrome (PFPS) is one of the most frequent diagnoses in sports medicine,² and probably one of the most difficult to treat. Successful management of patients and athletes is dependent on updated evidence-based guidelines. Over the years, the Physiotherapy Evidence Database (PEDro) has developed to become *the* source for high-quality evidence for physiotherapy (including sports physiotherapy) interventions (bjsports-2012-091804). PEDro has reached VIP status among physiotherapists, and *BJSM* provides a great service to physiotherapists for regularly publishing PEDro systematic review updates.

KNEE YES, BUT HIP COMES FIRST

A recent PEDro systematic review update (bjsports-2012-091986) showed how multimodal physiotherapy, especially exercises, can significantly reduce pain and symptoms in patients presenting with PFPS. Two large studies (one systematic review, bjsports-2011-090369, and a multicentre observational study, bjsports-2012-091696) on PFPS patients examined associated and prognostic factors. While less hip abduction/external rotation strength and reduced knee extensor

torque were associated with PFPS, knee pain for more than 2 months prior to treatment (together with a low total score in a questionnaire) was identified as the primary prognostic factor for an unfavourable 12-month outcome in PFPS patients.

In addition, the review highlighted the need to target the muscular deficits at the hip-pelvis region as well as the knee in PFPS patients. A systematic review by Barton *et al* (bjsports-2012-090953) also showed how the gluteal muscle strength and muscle activation are both impaired in PFPS individuals. While acknowledging a lack of research in this area, physiotherapists should focus on neuromuscular control of the hip/pelvis complex as well as the lower extremity in rehabilitation and training. These findings underline the importance of early intervention in PFPS using evidence-based physiotherapy (just search PEDro if you do not know where to begin).

Recent advances in diagnostics and arthroscopy have described hip joint pathologies such as femoroacetabular impingement (FAI) in the young athlete.

Cooper *et al* (bjsports-2012-091028) present a prospective outcome paper on FAI patients of different ages (not involved in elite sports) after hip arthroscopy. While subjective questionnaires reported positive outcomes, Impellizzeri *et al*¹ pointed out knowing the minimal clinically important change of the

different instruments is essential in the interpretation of results and to ascertain if the patients are 'feeling better' or are also 'feeling good'.

Searching the literature, there's still a lack of studies on FAI rehabilitation: maybe it is time for PEDro to visit this field for an update?

SWISS SPORT PHYSIO CONFERENCE

After a stellar 10th edition (<http://www.sportfisio-symposium.ch>), the Swiss Sports Physiotherapy Conference will be held again in Bern (15 November). This year's programme will focus on 'Youth and Sports', and the line-up will include national and international speakers. Hip and knee topics will be discussed using an evidence-based perspective, so that the participants can gather the latest clinical relevant knowledge: as an example, do not miss Havard Moksnes from Oslo, Norway on the management of anterior cruciate ligament injuries in children!

Check the Swiss Sports Physiotherapy Association and *BJSM* websites (and the related Twitter, Facebook, Blog and more) for updates.

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