ABSTRACT

Background: Although many authors have studied the prognostic factors that may contribute to anterior knee pain, synthesis of the existing evidence has not been performed.

Purpose: The purpose of this systematic review is to summarize and examine existing prognostic models in patients with anterior knee pain that first present to physical therapists (primary care setting).

Design: Systematic review

Method: For this review Pubmed, Embase and Cinahl databases were searched and published papers that reported prognostic models for patients with anterior knee pain that first present to physical therapists (primary care setting) were selected. The authors extracted and summarized the univariate and multivariate predictors and evaluated which predictors consistently appeared to be relevant to pain, function, or recovery.

Results: Nine studies were included. The quality scores of these studies ranged from 9 to 17 positive items out of 21 items included in the assessment for quality. None of the prognostic models were validated internally or externally. Four studies were considered to be of sufficient quality. The authors of these four studies found 14 different predictors significantly related to pain intensity of which seven with limited evidence. Fifteen different predictors were found that were related to function of which seven with limited evidence. Furthermore, strong evidence was found that baseline pain intensity, pain coping and kinesiophobia are of no predictive value for pain, and activity related pain, pain coping and kinesiophobia are of no predictive value for function at follow up.

Conclusions: Because of the low quality of a number of studies and the heterogeneity of the examined variables and outcome measures of most of the studies, only limited evidence for seven predictors related to pain and seven predictors related to function in patients with anterior knee pain in a primary care setting was found.

Level of Evidence: 1b

Keywords: anterior knee pain, patellofemoral pain, physical therapy, prediction, prognostic models, primary care setting.