



Physical Therapy Update

The clinical staff at Frederick Sport and Spine Clinic regularly reviews articles, discusses the content and implements the information into our patient treatments. As a service to the local medical community, we are offering a summary of these articles to Physicians and Medical Practitioners. It is our intention to provide only the most pertinent info in these ½ page summaries. Further info is available at the clinic. Please take a moment to peruse the information below and contact us if you have any questions about the subject matter. Enjoy!

“Treatment of Fabella Syndrome with Manual Therapy: A Case Report”

Journal of Orthopaedic and Sports Physical Therapy,

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Have you ever heard of a ‘Fabella’? Do you know how debilitating ‘Fabella Syndrome’ can be? And how easy to treat? Well, that’s why we review articles such as this! The fabella is a small bean-sized sesamoid bone located at the posterior lateral aspect of the knee, close to the attachment of the lateral gastroc. It is present in approximately 9% of the population and it is reported to be present in nearly 30% of individuals seeking treatment. Cases have included fibular nerve palsies due to compression of the fabella in the popliteal space.

The article outlines a case study in which a 44 year-old male presented with c/o lateral knee pain of 10 year duration, made worse with long walks, runs or hikes and usually resolved after resting a few days. MRI ordered was negative but did reveal the presence of a fabella. He opted for self-management of the symptoms until he re-injured the knee playing tennis. He presented to the clinic with c/o pain with sitting x-legged, sharp pain with passive IR and ER of tibia and pain with varus-type stress on the knee. Point tenderness and pain and restricted knee flexion was also noted. He had difficulty moving into a squatting position and disturbed sleep. Compression of the fibular nerve reproduce tingling into lower leg, hamstring weakness, decreased calf girth and decreased mobility of the fabella was also noted.

Conservative care has included steroid injections, immobilization with splint or cast and analgesics for up to 6 months. In this case, the treatment was slow, gentle and sustained pressure to the fabella, along the direction of restricted mobility, and transverse stretching of the lateral head of the gastroc. This mobilization was done in 30°, 75°, 90° and 120° positions of knee flexion. This produced a significant and immediate response including pain reduction, increased ROM of 30° degrees and improved mobility. According to the patient, this intervention resulted in more than 16 months of improved function and painfree activity.

Manual therapy is an important and effective treatment in the management of your patients’ dysfunction, even in the case of ‘Fabella Syndrome’. When your patients present with pain and limited function, remember the skills of your physical therapist and refer them for immediate intervention. Please contact the clinic if you’d like a copy of this article.

Reviewer: Mark Acierno, MSPT

‘Physical Therapists for the Frederick Keys’

84 Thomas Johnson Court, Suite B, Frederick, MD 21702 301-662-8541 fax 301-662-8762