

# ***Patellofemoral pain***

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## ***Unravelling its course and treatment***

Nienke E. Lankhorst

- 1 The aetiology of patellofemoral pain is still largely unknown; future research should evaluate other than mechanical factors such as pathophysiologic (related to the intra-articular and peri-articular tissue) and psychological factors. (this thesis)
- 2 Contrarily to what is generally assumed, patellofemoral pain is not 'self-limiting' in the majority of the patients. (this thesis)
- 3 Exercise therapy must be part of the treatment of every patient with patellofemoral pain. (this thesis)
- 4 Radiographic osteoarthritis of the knee most often starts in the patellofemoral joint. (this thesis)
- 5 The actual need for physiotherapy of patients with knee and ankle complaints visiting a physical therapist without a referral from a GP is debatable because they already might have a high chance on fast recovery based on their patient characteristics. (this thesis)
- 6 The medical record should only contain information necessary for 'good health-care'. No more, no less. (Nouwt et al. H&W 2014)
- 7 The D-dimer and CRP point of care tests are a valuable addition to the diagnostic tools of a general practitioner. (Buller et al. Ann Inter Med 2009 & Falk et al. Fam Practice 2009)
- 8 Performing minor surgery in primary care is patient friendly. (NPCF 2015)
- 9 Female GP trainees see twice as many female conditions during consultation hour as their male counterparts. (de Jong et al. Br J Gen Pract 2011)
- 10 It can be advised to purchase a pet to reduce (work related) stress. (Allen et al. Hypertension 2001)
- 11 Een dag niet gelachen is een dag niet geleefd.