

Comprehensive Physical Therapy Center Staff

Bruce Buley, MA, PT, OCS, CSCS, Clinic Director

Received his physical therapy training at downstate Medical Center in New York City and earned an advanced Master's in physical therapy at UNC-CH. His 30 years of physical therapy experience have included treating patients with orthopedic, neurological, cardiac, pediatric and sports related problems, including foot and orthotic fabrication. Bruce has served on the academic and clinic faculties of UNC and Medical College of Georgia. In 1999, Bruce became a Certified Orthopedic Specialist by the American Physical Therapy Association and in 2002, became a Certified Strength and Conditioning Specialist through the National Strength and Conditioning Association. Mr. Buley received the 2002 "Excellence in Clinical Practice" award given by the North Carolina Physical Therapy Association. In 2005, Bruce was awarded the "Mabel Parker Clinical Education Excellence" award from UNC.

Christopher J. Kosobucki, DPT, CSCS, received his Doctor of Physical Therapy degree from Duke University in May 2004. While attending Duke, Chris focused on orthopedics and sports medicine rehabilitation, gaining additional knowledge and skills in manual therapy and orthotic fit/fabrication. Chris completed his undergraduate studies at James Madison University in May 2001, where he received a B.S. in Kinesiology with a concentration in Exercise Science. In 2005, Chris became a Certified Strength and Conditioning Specialist through the National Strength and Conditioning Association.

Jeanne Gresko, MS, CRC, LPC, has an MS in Rehabilitation Counseling from West Virginia University and is both a Certified Rehabilitation Counselor and Licensed Professional Counselor. She has received training in Mind/Body Medicine from the National Institute for the Clinical application of Behavioral Medicine and has worked in the field of

rehabilitative medicine for over 14 years. Jeanne also has been teaching stress management techniques for over 8 years.

Sally Sargent, PT, received her bachelors in Physical Therapy from the University of Connecticut. Her 28 years of physical therapy experience have included treating patients with neurological, orthopedic conditions, and she has a strong interest in urinary incontinence and pelvic pain.

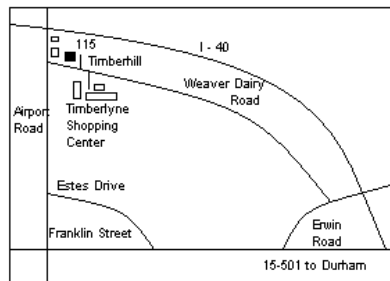
Juhi Kachalia, MSPT, received her M.S. in physical therapy from Duke University in May 2000. She worked in neurological rehabilitation for three years outside of Washington D.C. where she served in a clinical leadership council. In Boston, MA, and Bethesda, MD, she also gained experience in cardiac rehabilitation, acute care, and orthopedic conditions. She continues to have an interest in both the Neurological and Orthopedic populations.

Office Hours:

Monday through Friday 8:00 am to 5:00 pm
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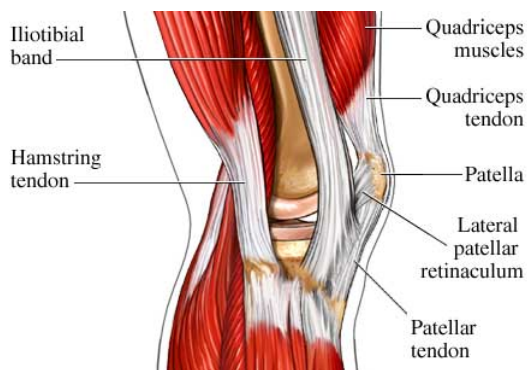


Anterior Knee Pain

Helping People Help Themselves

What is anterior knee pain?

Anterior knee pain or patella femoral syndrome are both terms used to describe pain originating from the patella (knee cap) and femur (thigh bone). The patella-femoral complex consists of the patella and the femur. The femur and tibia (lower leg bone) meet to form the knee joint and the patella moves in a “groove” formed by the two ends of the femur. The quadriceps muscle (front of the thigh) is attached to the patella via the quadriceps tendon. The patella is connected to the tibia via the ligamentum patella (a.k.a. patella tendon).



Signs and symptoms

- Pain in front of the knee.
- May be in one or both knees.
- Pain with kneeling, squatting, running, prolonged sitting and climbing stairs.
- Dull ache with occasional sharp pains.
- Gradual onset that worsens with activity.

- May feel “stiff” with prolonged sitting.
- May feel as if “giving way” especially with negotiating stairs.

Diagnosis/Causes

There are many other things that may cause people to have pain in front of their knee such as:

- Hip pathologies in adolescents
- Leg pain originating from the back
- Nerve entrapment (compression)
- Knee fat pad irritation
- Patella tendonitis
- Bursitis of the knee
- Patellar arthritis
- Patella subluxation/dislocation
- Knee ligament, meniscus, or cartilage tear or damage

What causes the abnormal movement?

- Patellar instability – a person may have a history of a patella dislocation that causes increased movement and/or poor tracking.
- Increased tightness of quadriceps, hamstrings (back of thigh muscle), calf, and IT band (outside of thigh).
- Weakness in quadriceps or hamstrings.
- Training errors such as starting a new activity too quickly, too much of an increase in activity, or poor shoes.
- Misalignment of different areas such as:
 - **H**is – femoral anterversion (increase rotation at the hips)

- **K**nee – genu varum (bow legs) or genu valgus (knock-knee)
- **F**eet – increased pronation (rolling in) or supination (rolling out).

Intervention

- Activity modification
- Quadriceps or hamstring stretches. Hold each stretch 20-30 seconds, repeat each stretch 3-5 times.
- Quadriceps and hamstring strengthening.
- Orthotics/inserts or appropriate footwear if indicated.
- Bracing with a neoprene sleeve with a patella cut out.

You may need a more extensive evaluation by a healthcare professional to find the specific cause and best treatment of your pain.