Patellofemoral/Anterior Knee Pain Nonoperative Rehab Protocol Prescription

Patient Name:                        Date:

Diagnosis: *Patellofemoral/anterior knee pain L / R knee*

Number of visits each week: 1 2 3 4    Treatment duration ________ weeks

Rehab Phase
Evaluate lower extremity gait, hip and core strength
   Treat any noted deficits
Strengthening
   Closed chain quadriceps
   Core
   Hip external rotators
   Hip abductors
Proprioceptive training
Exercises may include (but not limited to)
   Wall and/or ball squats
   SLR’s - in all planes with weight
   Lateral step out with therabands
   Sport cord (bungee) walking
   Progress balance and board throws
   Start slide board
   Plyometric leg press
   Double leg balance on tilt boards

Daily HEP

Maintenance Phase
Continue all exercises from prior phase
Phase out supervised rehab
Advance home strengthening program to be done daily
Encourage maintenance gym work-outs focusing on core, quad and hip strengthening

ADDITIONAL COMMENTS: __________________________________________________________

Concerns or questions:
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Physician Signature: