

Knee Patellofemoral Syndrome

Name: _____ Date: _____ DOS: _____

Rehabilitation Protocol KNEE PATELLOFEMORAL SYNDROME 3X/WK X 6 WKS

Rehab Specifications

- 1) Decrease pain and swelling with modalities as indicated
- 2) Achieve full flexibility in entire LE
- 3) Crutches may be used if abnormal gait is demonstrated
- 4) Physician may order external support device or McConnell taping
- 5) Instruct for proper use of ice after exercise
- 6) Exercise should be performed in pain free ROM
- 7) Crepitus may be present and may not resolve

Exercises/Intervention

- 1) Quad sets: Use E-Stim or biofeedback for Quad/VMO facilitation
- 2) ****Begin immediately:** hip abduction using theraband with foot: in front and then behind the coronal plane; Patient was instructed on this in the office!!
- 3) 3)Supine and prone SLR's
- 4) Hip adduction
- 5) Flexibility exercises for hams, ITB, Gastro-Soleus, Quads, hip rotators
- 6) Progress isometric hold for quads in pain free ROM using opposite leg or multi-angle isometrics.
- 7) CORE strengthening program
- 8) Calf raises
- 9) Further progression to Standing TKE's using T-Band/tubing
- 10) Multi-hip machine for flexors, extensors, abductors, and adductors
- 11) Nordic Track or elliptical machine
- 12) Hydrotherapy program [if available]
- 13) Progress w/ closed chain exercise as tolerated

Precautions

- 1) Avoid excessive use of stairs
- 2) Avoid excessive squatting or positions that apply direct pressure on the patella
- 3) Check w/ MD regarding exercise bike, running, resistive weight training, and athletic participation.
- 4) Monitor squat/bend mechanics to avoid valgus strain during the movement

****Home FES units can be administered if appropriate and approved**

****Dr Longobardi does not prefer treadmill or Stairmaster for this condition**

