

## Patellofemoral Pain

Patient: \_\_\_\_\_ Sex: \_\_\_\_\_

DOB: \_\_\_\_\_ Date: \_\_\_\_\_

**Dx: RIGHT LEFT Patellofemoral pain syndrome**

### **ROM**

Maintain full ROM  
Ankle, hip, thoracic spine and shoulder mobility exercises

### **STRENGTH**

1. PRE (PERFORMED IN 10-90 ARC) **ONLY if weighted CKC lifts are too painful after modifications**

Eccentric leg press, Step-downs avoiding knee valgus, short arc squats with abduction resistance, ¼ squats (elevate forefoot to reduce stress on PF joint)

\*\* Progress arc as tolerated in later stages of rehab

2. May begin to increase load/resistance at this time. We prefer a linear progression of increased load over % of 1 RM or RPE. Increase the load of the lifts below by between 1 and 5 lbs per session. Must have 48 hours of rest between sessions if doing linear progression. Programming should not exceed 24 reps total (3x8, 4x6, etc.) for any 1 exercise per session due to load intensity.

Clinician may choose from any of the exercises below (variations based on individual patient are okay)

Ideally select 2 push movements for every 1 hip hinge movement

Squat/Push movement examples - Back, Front, Overhead, Box step up, Hex Bar, Total Gym, Leg press, etc.

Hip hinge examples - Single and double leg variations (Deadlift, RDL, Hip thrusters, GHD, Nordic hamstring, Good mornings, etc.)

Accessory lifts as needed

Continue linear progression of loading until patient plateaus. After patient plateaus, may change to a % 1RM program or RPE.

AVOID resisted OKC knee extension



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**PROPRIOCEPTION**

Con't with unstable surface and progress to eyes closed. NO LIFTING / STRENGTH EXERCISES WHILE ON UNSTABLE SURFACE (Bosu, AirEx pad, etc.)

**CARDIO**

Cycling – Favor HIIT training over steady state.

**OTHER THERAPEUTIC ACTIVITIES**

- Assess for Patellar taping benefit
- Retro ambulation with resistance. Lower hips as pain allows.
- Stationary bicycle
- Intrinsic foot and ankle strengthening
- NO passive modalities
- Bridging program progressing to weighted hip thrusters
- Rotation / Anti-rotation exercises for trunk
- NO open chain knee extensions
- Limit running and explosive activities while symptomatic

**UNDERLYING PHILOSOPHY: Minimize compressive / shearing forces and exercise LE muscles in pain-free, closed chain arcs, advancing arc as tolerated.**

**Frequency & Duration:** (circle one) 1-2 2-3 x/week for \_\_\_\_ weeks Home Program

\*\*Please send progress notes.

**Physician's Signature:** \_\_\_\_\_ **M.D.**