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REHAB PROTOCOL: Patellofemoral Syndrome

Name:	Date:
Diagnosis:	Date of Surgery:
This four-phased program approach can	be utilized for both conservative and surgical patellofemoral clients.
This systematic approach allows specific g	goals and criteria to be met; once goals and criteria are attained, the
rehabilitation can progress safely. Client	compliance is critical.

Ultimate Goals of Program

- Improve functional status
- Normalize biomechanical forces
- Improve strength/power/endurance
- Decrease pain/inflammatory status

ACUTE PHASE - MAXIMAL PROTECTION

- Goals:
 - o Relieve pain and swelling
 - o Decrease inflammation
 - Retard muscle atrophy
 - Maintain/increase flexibility
- Weight-bearing as tolerated, crutches may be indicated (normal gait)
- Ice, compression, elevation
- NSAIDs
- Strengthening exercises (isometric)
 - Quadriceps setting
 - o Multiangle isometrics (non-painful) 90, 75, 60, 45, 30
 - Straight leg raises (four planes of motion)
- Hip adduction, hip flexion stressed
- Hip abduction not done with lateral compression syndrome
- Electrical stimulation (EMS, TNS, HVGS, Biofeedback)
- Flexibility
 - LE stretches (especially hamstrings, gastroc)

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- Intermittent passive motion
- Brace when indicated
- Patient education regarding activities, pathomechanics
- Avoidance Program

SUBACUTE PHASE -MODERATE PROTECTION

- Criteria to Enter Subacute Phase:
 - o Pain and swelling reduced
 - o ROM increased
 - o Strong visible quadriceps contraction
- Goals
 - o Increase muscle strength without exacerbation
- Initiate weights for SLR
- Isotonics
 - o Short arc (90-40), non-crepitus ROM
- Initiate mini-squats (0-30/40), non-painful ROM
- Bicycle (low resistance, seat high)
- Swimming
- Pool program for walking/running
- Continue isometrics
- Continue flexibility exercises
- Continue ice therapy, anti-inflammatory drugs
- Avoidance Program
 - o Squatting, kneeling, stairs, excessive knee flexion
- Evaluate for orthotics

CHRONIC PHASE - MINIMAL PROTECTION

- Criteria to Progress to Phase IV:
 - o ROM and swelling WNL
 - o Pain is minimal to none
- Goals:
 - Achieve maximal strength & endurance
- Continue SLR
- Knee flexion isotonics with resistance is begun
- Variable resistance isotonic weight training (blocking painful ROM)
 - o Continue shortened range knee extension isotonics
 - Continue mini-squats
- Emphasis on increased functional activities
- Ice therapy post-exercise
- Avoidance Program
 - o Squatting, painful ADLs.

MAINTENANCE PROGRAM

- Goal
 - o Continue to strengthen without deleterious effect on patellofemoral joint
- Continue flexibility daily (part of warm-up and cool-down)
- Continue PRE Program 3 times a week



- Endurance training is continued
- Continue to be active (walking, swimming, pool running, possible biking)

Comments:			
Frequency:	times per week	Duration:	weeks
Signature:		Date:	