

<b>UCLA OUTPATIENT REHABILITATION SERVICES</b>	
<input type="checkbox"/> <b>WESTWOOD</b> 1000 Veteran Ave., A level Phone: (310) 794-1323 Fax: (310) 794-1457	<input type="checkbox"/> <b>SANTA MONICA</b> 1260 15 <sup>th</sup> St, Ste. 900 Phone: (310) 319-4646 Fax: (310) 319-2269
FOR APPTS, CALL: (310) 794-1323	
FAX: (310) 794-1457	

**MPFL INSUFFICIENCY PRE-OPERATIVE PHYSICAL THERAPY  
PRESCRIPTION**

**Diagnosis: ( LEFT / RIGHT ) MPFL Insufficiency / Tear**

**DATE OF INJURY:** \_\_\_\_\_ **APPROXIMATE DATE OF SURGERY:** \_\_\_\_\_

- GOALS:**
- 1) RECOVERY / RECUPERATION FROM INITIAL INJURY
  - 2) RESTORE NORMAL RANGE OF MOTION
  - 3) MINIMIZE INFLAMMATION AND EFFUSION
  - 4) IMPROVE PREOPERATIVE STRENGTH

- \_\_\_ Restore ROM
- \_\_\_ Quadriceps Isometrics. Quadricep Isotonics 90° – 30° arc
- \_\_\_ PWB - FWB
- \_\_\_ Leg lifts with / without weights
- \_\_\_ Hamstring / Hip PRE's
- \_\_\_ Stationary biking
- \_\_\_ Closed Chain activities: BAPS, half squats, step-ups, leg press, Nordic track
- \_\_\_ Balancing for joint stability
- \_\_\_ Patellar mobilization

**Treatment:** \_\_\_\_\_ times per week

**Duration:** \_\_\_\_\_

**weeks**

\*\*Please send progress notes.

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_  
**Kristofer J. Jones, M.D., Attending Orthopaedic Surgeon**

**Kristofer J. Jones, M.D.**

Sports Medicine, Shoulder Surgery and Cartilage Restoration  
UCLA Department of Orthopaedic Surgery  
David Geffen School of Medicine at UCLA  
10833 Le Conte Avenue, 76-143 CHS  
Los Angeles, CA 90095-6902  
Phone: (310) 825-6095  
Fax: (310) 825-1311  
CA License: A126262

Place label here

NAME OF PATIENT: \_\_\_\_\_

MRN: \_\_\_\_\_