

UCLA OUTPATIENT REHABILITATION SERVICES	
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PATELLAR TENDONITIS NON-OPERATIVE PHYSICAL THERAPY PRESCRIPTION

Diagnosis: (LEFT / RIGHT) Patellar Tendonitis

WEEK 1:

Restrictions:

FORMCHECKBOX No jumping or running, can ride bike, do pool work

FORMCHECKBOX No sports specific training

Exercises:

FORMCHECKBOX Around the world eccentric lowering leg raises (4 way) (increase weight by 1 # each week)

FORMCHECKBOX Eccentric squats on Total Gym / Shuttle on decline board 15 reps × 3 sets
1-2x a day

Transverse Friction Mobilization:

FORMCHECKBOX 5-10 minutes firmly 1-2x a day

Stretching (30 secs × 3-4x):

FORMCHECKBOX Hip flexors, quadriceps, hamstrings, & heelcords before / after activity

WEEK 2:

Restrictions:

FORMCHECKBOX No jumping or running, can ride bike, do pool work

FORMCHECKBOX No sports specific training

Exercises:

FORMCHECKBOX Around the world eccentric lowering leg raises (4 way) (increase weight by 1 # each week)

FORMCHECKBOX Eccentric squats on Total Gym / Shuttle on decline board 15 reps × 3 sets
1-2x a day

Transverse Friction Mobilization:

FORMCHECKBOX 5-10 minutes firmly 1-2x a day

Stretching (30 secs × 3-4x):

FORMCHECKBOX Continue stretching as above

WEEK 3:

Restrictions:

FORMCHECKBOX Begin jumping squats in short range on Total gym / Shuttle

FORMCHECKBOX No sports specific training

Exercises:

FORMCHECKBOX Around the world eccentric lowering leg raises (4 way) (increase weight by 1 # each week)

FORMCHECKBOX Eccentric squats on Total Gym / Shuttle on decline board 15 reps × 3 sets
1-2x a day

FORMCHECKBOX Progress to upright decline board squats

Transverse Friction Mobilization:

FORMCHECKBOX 5-10 minutes firmly 1-2x a day

Stretching (30 secs × 3-4x):

FORMCHECKBOX Continue stretching as above

WEEK 4:

Restrictions:

FORMCHECKBOX Cycle, exercise in water

FORMCHECKBOX Begin eccentric step downs standing (no step)

FORMCHECKBOX No sports specific training

Exercises:

FORMCHECKBOX Upright squats on decline board double leg to single leg; add 10 # to
backpack

FORMCHECKBOX Around the world eccentric lowering leg raises (4 way) (increase weight by 1 # each week)

Transverse Friction Mobilization:

FORMCHECKBOX As needed

Stretching (30 secs × 3-4x):

FORMCHECKBOX Continue stretching as above

WEEK 5:

Restrictions:

FORMCHECKBOX Begin eccentric step downs on 4" step

FORMCHECKBOX No sports specific training

Exercises:

FORMCHECKBOX Upright squats on decline board double leg to single leg; add 20 # to
backpack

FORMCHECKBOX Continue around the world eccentric lowering leg raises (4 way) (increase weight by 1 # each week)
FORMCHECKBOX Begin jumping squats on Total Gym / Shuttle with both legs

Transverse Friction Mobilization:

FORMCHECKBOX As needed

Stretching (30 secs × 3-4x):

FORMCHECKBOX Continue stretching as above

WEEK 6:

Restrictions:

FORMCHECKBOX Begin eccentric step downs on 6" step

FORMCHECKBOX No sports specific training

Exercises:

FORMCHECKBOX Upright squats on decline board double leg to single leg; add 30 # to backpack

FORMCHECKBOX Continue around the world eccentric lowering leg raises (4 way) (increase weight by 1 # each week)

FORMCHECKBOX Jumping squats on Total Gym / Shuttle with both legs

Transverse Friction Mobilization:

FORMCHECKBOX As needed

Stretching (30 secs × 3-4x):

FORMCHECKBOX Continue stretching as above

WEEK 7:

Restrictions:

FORMCHECKBOX Begin eccentric step downs on 8" step

Exercises:

FORMCHECKBOX Upright squats on decline board double leg to single leg; add 40 # to backpack

FORMCHECKBOX Continue leg lifts with weights

FORMCHECKBOX Jumping squats on Total Gym / Shuttle with single leg

Transverse Friction Mobilization:

FORMCHECKBOX As needed

Stretching (30 secs × 3-4x):

FORMCHECKBOX Continue stretching as above

WEEKS 8-12:

Restrictions:

FORMCHECKBOX Progressive return to jumping / squatting / jump boxes

FORMCHECKBOX Begin sports specific training with gradual return to sporting events

Exercises:

FORMCHECKBOX Jumping squats on Total Gym / Shuttle with single leg

FORMCHECKBOX Upright squats on decline board with 50 #

FORMCHECKBOX Jumping squats one leg on Total gym / Shuttle with maximal resistance

Transverse Friction Mobilization:

FORMCHECKBOX As needed

Stretching (30 secs x 3-4x):

FORMCHECKBOX Continue stretching as above

Treatment: _____ times per week **Duration:** _____ weeks _____

Home Program

**Please send progress notes.

Physician's Signature: _____ **Date:** _____

Kristofer J. Jones, M.D., Attending Orthopaedic Surgeon

Patellar Tendonitis PAGE * MERGEFORMAT 3

Patellar Tendonitis PAGE * MERGEFORMAT 1

Place label here

NAME OF PATIENT: _____

MRN: _____

Kristofer J. Jones, M.D.

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