

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

PATELLOFEMORAL PAIN PHYSICAL THERAPY PRESCRIPTION

Diagnosis: (LEFT / RIGHT) Knee Patellofemoral Pain

Pathology: Lateral Tracking, Lateral Overload, Subluxation, Dislocation

UNDERLYING PHILOSOPHY: Minimize activities that involve high lateral tracking forces while stressing Quadriceps (VMO) strengthening.

RESISTED LEG RAISES

- SLR @ 30°
- Hip Adduction, Extension, Flexion
- Knee Flexion

PRE Progression – EMPHASIZE VMO STRENGTHENING (PERFORMED IN 90° - 30° ARC)

- Multiple angle Isometrics
- Eccentric closed chain Isotonics
- Concentric closed chain Isotonics – i.e. Step-ups, Short arc squats
- Eccentric open chain Isokinetics
- Concentric open chain Isokinetics, submaximal
- Eccentric open chain Isotonics – i.e. Knee Extension
- Concentric open chain Isotonics, submaximal
- Concentric open chain Isotonics, maximal

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

FLEXIBILITY EXERCISES

- Achilles
- Hamstrings
- Lateral Hip / Thigh
- Lateral Retinacular stretching

OTHER THERAPEUTIC ACTIVITIES

- Medial patellar mobilization
- EMG Biofeedback
- Assess for Patellar taping benefit
- Retro ambulation
- Calf and Hip PRE's
- Muscle endurance activities

___ Functional closed chain exercises for Static and Dynamic Patellar stabilization

___ Nordic track

___ Progress to Stairmaster / Versiclimber, short arc

___ Cryotherapy and Modalities prn

Treatment: _____ **times per week** _____ **Home**

Program

Duration: _____ **weeks**

**Please send progress notes.

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

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

Place label here

NAME OF PATIENT: _____

MRN: _____

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