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Patellofemoral/Anterior Knee Pain Nonoperative Rehab Protocol Prescription

Patient Name:

Date:

Diagnosis: *Patellofemoral/anterior knee pain L / R knee*

Number of visits each week: 1 2 3 4

Treatment duration _____ weeks

Rehab Phase

Evaluate lower extremity gait, hip and core strength

Treat any noted deficits

Strengthening

Closed chain quadriceps

Core

Hip external rotators

Hip abductors

Hip extensors

Proprioceptive training

Exercises may include (but not limited to)

Wall and/or ball squats

SLR's - in all planes with weight

Lateral step out with therabands

Sport cord (bungee) walking

Progress balance and board throws

Start slide board

Plyometric leg press

Double leg balance on tilt boards

Daily HEP

Maintenance Phase

Continue all exercises from prior phase

Phase out supervised rehab

Advance home strengthening program to be done daily

Encourage maintenance gym work-outs focusing on core, quad and hip strengthening

ADDITIONAL COMMENTS: _____

Concerns or questions:

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Physician Signature: