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Patellar Protection Program

Name:	Date:
Diagnosis:	Date of Surgery:

This five-phased program approach can be utilized for both conservative and surgical patellofemoral clients. This systematic approach allows specific 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:
 - Relieve pain and swelling
 - Decrease inflammation
 - Retard muscle atrophy
 - o Maintain/increase flexibility
- Weight-bearing as tolerated, crutches may be indicated (normal gait)
- Ice, compression, elevation
- NSAIDs
- Strengthening exercises (isometric)
 - Quadriceps setting
 - 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)
- Intermittent passive motion
- Brace when indicated
- Patient education regarding activities, pathomechanics
- Avoidance Program

SUBACUTE PHASE - MODERATE PROTECTION

- Criteria to Enter Subacute Phase:
 - Pain and swelling reduced
 - ROM increased
 - o Strong visible quadriceps contraction
- Goals
 - o Increase muscle strength without exacerbation
- Initiate weights for SLR
- Isotonics
 - Short arc (90-40°), non-crepitus ROM

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- 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 •
 - Squatting, kneeling, stairs, excessive knee flexion
- Evaluate for orthotics •

CHRONIC PHASE - MINIMAL PROTECTION

Criteria to Progress to Phase IV: •

- ROM and swelling WNL
- 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) •
 - Continue shortened range knee extension isotonics 0
 - Continue mini-squats
- Emphasis on increased functional activities .
- Ice therapy post-exercise
- **Avoidance** Program .
 - Squatting, painful ADLs.

MAINTENANCE PROGRAM

- Goal .
 - 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: