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
  - Maintain/increase flexibility
- Weight-bearing as tolerated, crutches may be indicated (normal gait)
- Ice, compression, elevation
- NSAIDs
- Strengthening exercises (isometric)
  - Quadriceps setting
  - Multangle 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
  - Strong visible quadriceps contraction
- Goals
  - Increase muscle strength without exacerbation
- Initiate weights for SLR
- Isotonics
  - Short arc (90-40°), non-crepitus ROM
- 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
  - 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: ___________________________**