

Physical Therapy Prescription Patellar Instability

Patient Name:

Today's Date:

Dx: (LEFT / RIGHT) Knee patellar instability

Initial PHASE

- Quad re-education with Russian stim (Quad sets, SAQ, SLR, TKE, etc.)
- ROM, focus full extension. Progress based on pain. NO IMMOBILIZATION
- Modalities as needed to control pain
- Gait training, crutches as needed for pain control.
- Accessory lifts seated or lying down

Progress to next phase once full ROM is achieved and patient has normal walking gait.

Second PHASE

- Begin CKC exercises in short arc or to tolerance (Step ups, Mini squat, Mini lunge, etc)
- Eccentric single leg leg press
- Maintain ROM, begin stationary bike with resistance
- Rotation and anti-rotation trunk exercises
- May begin form skipping progressing to straight line jogging. Only start jogging when eccentric step down is symmetric
- Retro ambulation with resistance
- ** Progress arc as tolerated in later stages of rehab

Third PHASE

- Heel chord and hip flexor mobility. Assess ankle, hip, thoracic and shoulder mobility, interventions as indicated
- Begin linear progression / progressive overload of CKC exercises. Focus on squat and hip hinge variations
- Single leg balance exercises. Work to increase intrinsic muscle strength of foot
- Begin sagittal and coronal plane footwork drills. No transverse plane motion.
- Assess for patellar taping benefit
- May begin small jumping activities

RTP PHASE

- Continue to progress above exercises in terms of resistance and intensity
- May begin cutting and pivoting under supervision
- Non-contact sport specific drills may begin
- RTP: no patellar apprehension, no anterior knee pain, no recurrent effusions. Pain free figure 8 run, 3 hop test, Pro Agility run, Deadlift at least equal to 1.5x body weight (Hex Bar okay)

Frequency & Duration: (circle one) 1-2 2-3 x/week for _____ weeks Home Program

**Please send progress notes.

Physician's Signature: _____ M.D.