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**Physical Therapy Prescription  
 Patellofemoral Pain**

**Patient Name:**

**Today's Date:**

**Dx: ( LEFT / RIGHT ) Knee patellofemoral pain**

**RESISTED LEG RAISES – Only if CKC arc is too painful after modifications**

Hip Adduction, Abduction, Extension – Progressive overload

**PRE (PERFORMED IN 30-0 ARC) if weighted CKC lifts are too painful after modifications**

Eccentric leg press, Step-downs avoiding knee valgus, short arc squats with abduction resistance, ¼ squats (elevate forefoot to reduce stress on PF joint)

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

**FLEXIBILITY AND MOBILITY EXERCISES**

- Achilles / Gastroc-Soleus complex
- Ankle, hip, thoracic spine and shoulder mobility exercises
- Hip flexor group
- Iliotibial Band / TFL – Decrease neural tone of lateral thigh if indicated
- Grade I and II patellar mobs against restrictions

**OTHER THERAPEUTIC ACTIVITIES**

- Assess for Patellar taping benefit
- Retro ambulation with resistance. Lower hips as pain allows.
- Stationary bicycle
- Intrinsic foot and ankle strengthening

Progressive overload of 2 exercises below. Must continue to increase resistance/load while allowing enough time for recovery

- Squat/Push variations – Back squat, step up, Hex bar, Leg Press, Total Gym, Bulgarian SS, etc.
- Hip hinge variations – Deadlift, RDL, GHD, Good mornings, Bridging, Hip thrusters, Nordic HS, etc.
- NO passive modalities
- Bridging program progressing to weighted hip thrusters
- Rotation / Anti-rotation exercises for trunk
- NO open chain knee extensions
- Limit running and explosive activities while symptomatic

**UNDERLYING PHILOSOPHY: Minimize compressive / shearing forces and exercise LE muscles in pain-free, closed chain arcs, advancing arc as tolerated.**

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

\*\*Please send progress notes.

**Physician's Signature:** \_\_\_\_\_ **M.D.**