



PATELLOFEMORAL DYSFUNCTION NON-OPERATIVE PROTOCOL

PHASE I – INFLAMMATORY PHASE:

- Modalities to control inflammation
 - Prescription anti-inflammatories
 - Ice
 - Clinical modalities as needed
- Evaluate and treat lumbar, sacral, and pelvic dysfunction
- Evaluate for corrective orthotics
- Implement appropriate, selective stretching
 - Iliotibial band
 - Hamstrings
 - Quadriceps
 - Gastrocnemius/soleus
 - Piriformis
- Apply appropriate patella mobilizations
 - Evaluate lateral retinaculum and apply patellar tilt mobilization when indicated
- Begin early VMO/quadriceps strengthening
 - Quad setting
 - Multi-plane straight leg raising
 - Open kinetic chain multi-plane hip strengthening
- Cardiovascular exercise
 - Stationary bike
 - Treadmill walking

PHASE II – SUBACUTE AND EARLY STRENGTHENING:

- Continue with appropriate Phase I activities
- Advance strengthening
 - Proprioception
 - Closed kinetic chain squat program
 - Closed kinetic chain unilateral squats, dip, and step-up progression
 - Closed kinetic chain multi-plane hip strengthening
- Advance intensity and duration of biking and treadmill walking program

PHASE III – ADVANCED STRENGTHENING:

- Advance closed kinetic chain strengthening as appropriate
- Begin gym strengthening, using caution with leg extensions
- Begin light jogging progressing as tolerated

PHASE IV – RETURN TO SPORT PROGRAM:

- Continue with Phase III program
- Re-evaluate with physician and therapist
- Advance to return to sport program as motion, strength, and endurance allow



THE ORTHOPEDIC PARTNERS

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**This protocol is intended to provide a general guideline to treating patellofemoral dysfunction. Progress should be modified on an individual basis.