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PATELLOFEMORAL PAIN SYNDROME PROTOCOL

Ultimate Goals of Program:

- Pain free activities of daily living
- Improve functional status
- Normalize biomechanical forces
- Improve strength, power, and inflammatory status

Acute Phase – Maximal Protection

- Weight-bearing as tolerated, crutches may be indicated to achieve normal gait
- Brace when indicated
- Ice, compression, and elevation
- Anti-inflammatory modalities
- Isometric quad sets
- Straight leg raises (flexion, extension, abduction, adduction)
- Lower extremity stretches (hamstring, gastrocnemius, ITB)
- Avoid squatting, kneeling, stairs, and painful activities

Subacute Phase – Moderate Protection

- Continue prior program and increase effort as tolerated
- Initiate quadricep flexibility (pain free)
- Knee extension, short arc in pain free range
- Knee flexion full range
- Initiate closed chain exercises (pain-free ranges)
- Cycling (high seat, low resistance)
- Swimming and pool program for walking/running
- Proprioception/balance program

Chronic Phase – Minimal Protection

- Continue to progress intensity and effort of prior program
- Emphasis on increased functional activities
- Avoid painful ADL's
- Continue progressive resistance exercise program 3 times a week
- Emphasis on leg press, hamstring curls, knee extension, and calf raises
- Endurance training
- Continue to be active (walking, swimming, pool running, cycling)

PATELLOFEMORAL PRECAUTIONS

- Avoid excessive squatting
- Avoid excessive kneeling

- Avoid excessive stair climbing or stadiums for exercise
- Avoid painful activities
- Avoid weighted full range knee extensions (stay in top 30 degrees of ROM)
- Avoid weighted squats past . range
- Avoid hurdler's stretch