HaysMed

Patella Femoral Pain / Patella Tendonitis

General Principles:
This protocol was designed to provide the rehabilitation professional with a guideline of care. It should be stressed that this is only a protocol and should not be a substitute for clinical decision making regarding a patient's progression. Actual progression should be individualized based upon your patient's physical examination, progress, and presence of any complications.

Note: The total length of rehabilitation will vary depending on the following factors: severity or acuteness of injury, age, health, or personal goals of patient.

PHASE I: (Immediate)

Patients in this phase should concentrate on decreasing pain, swelling, gait, and restoring normal mechanics.

Orthotics-
1. May use neoprene knee sleeve, chopat strap, or taping as needed
2. Patellar stabilization brace if directed by physician
3. Medial arch support for the foot

Weight Bearing-
1. Weight Bearing as tolerated

Modalities (PRN)-
1. Ice, compression, and elevation as needed
2. Electrical stimulation for pain or muscle re-education
3. Ice for 20 minutes following exercises throughout the protocol
4. ASTYM to quad, quad and patellar tendons (can include hamstring and hip if indicated)

ROM-
1. Progress active and passive ROM to full as tolerated

Exercises-
1. Quad sets (target VMO), Hamstring sets
2. Heel slides / Wall slides
3. Calf and hamstring stretching
4. Assess IT Band and hip flexor tightness and stretch as needed
5. Straight Leg Raises in all planes
6. May use Electrical stimulation if needed to assist with Quad (VMO) firing
7. Hip / Glut Medius strengthening

PHASE II (Intermediate)

Patients may progress to Phase II when resting pain is resolved, swelling is decreased, and palpable tenderness is moderate to minimal. Do NOT work through pain. Program should not increase patient's symptoms.

Orthotics-
1. May use neoprene knee sleeve, chopat strap, or taping as needed

(Cont'd PHASE II)

2. Patellar stabilization brace if directed by physician

Modalities (PRN)-
1. Continue Phase I modalities as needed

Exercises-
1. Continue Phase I exercises, especially VMO and Glut Medius work and lower extremity stretching
2. Closed-chain activities including: wall squats, mini-squats, Shuttle, step ups
3. Continue to stretch any tight muscles
4. Bicycle, Elliptical

PHASE III (Strengthening)

Patients may progress to Phase III when patient is pain-free with closed chain activities. Do NOT work through pain. Program should not increase patient's symptoms.

Orthotics-
1. May use neoprene knee sleeve, chopat strap, or taping as needed
2. Patellar stabilization brace if directed by physician

Modalities (PRN)-
1. Continue Phase I modalities as needed

Exercises-
1. Continue Phase II exercises, especially VMO and Glut Medius work and lower extremity stretching
2. Progress to open chain quad/hamstring strengthening
   a. Short-arc progressing to Long-arc
   b. Progress resistance as tolerated
   c. May need to avoid full range knee extension
3. Isokinetics
   a. High speed, low repetitions initially
   b. Block terminal knee extension at 15 degrees
4. May progress into light Jogging and jumping activities
   a. Progress into agility drills and sport activity
5. Return to full activity per physician approval

Revised 08/2026