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WellSpan Orthopedics

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**PATELLOFEMORAL PAIN REHABILITATION PROTOCOL:**

**Patient Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Site:** R L

**Diagnosis:** \_\_\_\_\_

**Frequency:** \_\_\_\_\_ per week, for \_\_\_\_\_ weeks

**MODALITIES:**

Modalities as needed

**EXERCISEs:**

- Heel Slides
- VMO Strengthening
- Patella Mobilization
- Proprioceptive Training
- Core LE Strengthening & Endurance Program
- Return to Sport Specific Exercise/Training
- Single Leg Hop
- Quad Activation
- Patient Education / Home Exercises

**SPECIAL REHABILITATION PROGRAMS:**

- Patellofemoral Pain & Malalignment/tracking
    - Gait Training
    - VMO Strengthening
    - Hip flexor Strengthening
    - Strengthening Hip External Rotators
    - Patellar Tracking
- (Avoid Deep Knee Bends / Repetitive Stairs)

*Please send progress notes.*

**Physician's Signature:** \_\_\_\_\_

*(I have medically prescribed the above treatments)*

**Michael S. Day, M.D.**  
**Orthopaedic Surgeon**

**Nicole Confer, PA-C**

## Physician Assistant