

## Physical Therapy Prescription Patellar Instability

**Patient Name:**

**Today's Date:**

**Dx: ( LEFT / RIGHT ) Knee patellar instability**

### Initial PHASE

- Quad re-education with Russian stim (Quad sets, SAQ, SLR, TKE, etc.)
- ROM, focus full extension. Progress based on pain. NO IMMOBILIZATION
- Modalities as needed to control pain
- Gait training, crutches as needed for pain control.
- Accessory lifts seated or lying down

Progress to next phase once full ROM is achieved and patient has normal walking gait.

### Second PHASE

- Begin CKC exercises in short arc or to tolerance (Step ups, Mini squat, Mini lunge, etc)
  - Eccentric single leg leg press
  - Maintain ROM, begin stationary bike with resistance
  - Rotation and anti-rotation trunk exercises
  - May begin form skipping progressing to straight line jogging. Only start jogging when eccentric step down is symmetric
  - Retro ambulation with resistance
- \*\* Progress arc as tolerated in later stages of rehab

### Third PHASE

- Heel chord and hip flexor mobility. Assess ankle, hip, thoracic and shoulder mobility, interventions as indicated
- Begin linear progression / progressive overload of CKC exercises. Focus on squat and hip hinge variations
- Single leg balance exercises. Work to increase intrinsic muscle strength of foot
- Begin sagittal and coronal plane footwork drills. No transverse plane motion.
- Assess for patellar taping benefit
- May begin small jumping activities

### RTP PHASE

- Continue to progress above exercises in terms of resistance and intensity
- May begin cutting and pivoting under supervision
- Non-contact sport specific drills may begin
- RTP: no patellar apprehension, no anterior knee pain, no recurrent effusions. Pain free figure 8 run, 3 hop test, Pro Agility run, Deadlift at least equal to 1.5x body weight (Hex Bar okay)

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

\*\*Please send progress notes.

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