

# Patellofemoral Pain Syndrome / Anterior knee pain

## Rehabilitation Protocol

Dr. Jeffrey Witty, M.D.

### General Therapy Guidelines:

- Evaluate specific activities that cause pain and avoid knee motion that simulates the painful motion during rehab until that pain has resolved
- Address any flexibility deficits with hip, knee, ankle
- Minimize pain with cryotherapy, taping and other modalities.
- Choose resistance based on last 3 reps to be fairly challenging but with good form.
- Emphasize core stabilization prior to hip motion

### Modalities:

- No restriction on modalities that do not load patellofemoral joint.
- Taping

### Frequency:

- Up to 3 times a week for 6 weeks with ATC or therapist
- 6 days a week total (including therapy or ATC visits)
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### Phase I:

- Start with NWB exercise focused on activating hip musculature

Week	Exercise	Sets, No.	Repetitions or Seconds, s
1	Hip abduction—standing	3	10
	Hip external rotator—standing	3	10
	Hip external rotator—seated	3	10
2	Hip abduction—standing	3	10
	Hip internal rotator—standing	3	10
	Hip external rotator—standing	3	10
3	Hip abduction—standing	3	10 (w/ stronger band)
	Hip internal rotator—standing	3	10 (w/ stronger band)
	Hip external rotator—standing	3	10 (w/ stronger band)
	Balancing 2 feet—Airex <sup>®</sup> pad	3	30–45 s

Note: Incorporate side lying hip abduction, bridges, planks to above exercises as symptoms allow

### Phase II:

4–6	Hip extension at 45°—standing	3	10–15
	Hip internal rotator—standing	3	10–15
	Hip external rotator—standing	3	10–15
	Balancing 1 foot—Airex <sup>®</sup> pad	3	45–60 s

- Once knee pain improves, start to incorporate squats with hip abduction and theraband, lateral slides with theraband, Romanian deadlifts.
- Other exercises promoting hip stability, core, balance

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