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Physical Therapy Prescription Patellar Instability

Patient Name: _____

Today's Date: _____

Dx: (LEFT / RIGHT) Knee patellar instability

RESISTED LEG RAISES

- ___ SLR @ 15 degrees – Perform in neutral rotation with leg externally rotated
- ___ Hip Adduction, Abduction, Extension, Flexion
- ___ Knee Flexion

PRE Progression (PERFORMED IN 30-0 ARC)

- ___ Multiple angle Isometrics
- ___ Eccentric closed chain Isotonics
- ___ Concentric closed chain Isotonics – i.e. Step-ups, Short arc squats
- ___ Eccentric open chain Isokinetics
- ___ Eccentric open chain Isotonics – i.e. Knee Extension

** Progress arc as tolerated in later stages of rehab

FLEXIBILITY / MOBILITY EXERCISES

- ___ Heel chord
- ___ Hamstrings
- ___ Medial/Lateral Hip/Thigh
- ___ Quadriceps
- ___ Iliotibial Band
- ___ Lateral Retinacular stretching, Medial glide

OTHER THERAPEUTIC ACTIVITIES

- ___ Assess for Patellar taping benefit
- ___ Retro ambulation with resistance
- ___ Calf and Hip PRE's – emphasize Hip external rotation and abduction strength
- ___ Short crank bicycle
- ___ Muscle endurance activities for core and hip
- ___ Functional closed chain exercises for Quadriceps and Hamstring strengthening
- ___ Elliptical
- ___ Progress to Stairmaster / Versaclimber, short arc
- ___ Cryotherapy and Modalities prn
- ___ Assess posture and functional movement patterns. Corrective exercise as needed
- ___ Proprioception with perturbations and working on intrinsic foot strength

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

**Please send progress notes.

Physician's Signature: _____ **M.D.**