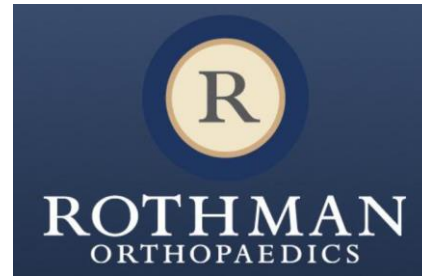


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**Patellar Tendonitis Physical Therapy Protocol/Prescription**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Diagnosis: ( LEFT / RIGHT ) Patellar Tendinopathy

Frequency: 1 2 3 4 times/week      Duration: 1 2 3 4 5 6 Weeks

**RESISTED LEG RAISES**

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

**PRE Progression - \*\*EMPHASIZE ECCENTRIC EXERCISE PROGRAM\*\***

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

\*\* Progress arc as tolerated in later stages of rehab

**FLEXIBILITY EXERCISES**

- Achilles, Hamstrings, Medial/Lateral Hip/Thigh, Quadriceps, IT Band
- Lateral Retinacular stretching, Medial glide

**OTHER THERAPEUTIC ACTIVITIES**

- Assess for Patellar taping benefit
- Retro ambulation
- Calf and Hip PRE's – emphasize Hip external rotation strength
- Short crank bicycle
- Electrical stimulation
- Muscle endurance activities
- Functional closed chain exercises for Quadriceps strengthening
- Nordic track
- Progress to Stairmaster / Versaclimber, short arc

**UNDERLYING PHILOSOPHY: Minimize compressive forces and exercise Quadriceps in pain-free arcs, advancing arc as tolerated.**

Functional Capacity Evaluation     Work Hardening/Work Conditioning     Teach HEP  
 Electric Stimulation     Ultrasound     Iontophoresis     Phonophoresis     TENS     Heat before  
 Ice after     Trigger points massage     Therapist's discretion

Signature \_\_\_\_\_ Date \_\_\_\_\_