



JONAS R. RUDZKI, MD

SPORTS MEDICINE ORTHOPAEDIC SURGEON,
SPECIALIZING IN SHOULDER & KNEE SURGERY

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**PATELLOFEMORAL CHONDROSIS / ILIOTIBIAL BAND SYNDROME
REHABILITATION PROTOCOL**

Visits: 2x per Week for _____ Weeks

K STREET/DOWNTOWN

Phone: 202-833-1147

Fax: 202-296-2515

2021 K St NW, Suite 516

Washington, DC 20006

CHEVY CHASE

Phone: 301-657-1996

Fax: 301-951-6160

5454 Wisconsin Ave

Suite 1000

Chevy Chase, MD 20815

SIBLEY

Phone: 202-787-5601

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5215 Loughboro Rd NW

Suite 200

Washington, DC 20016

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MODALITIES:

- Cryotherapy & Moist heat as indicated Taping PRN as indicated
- Electrical Stimulation as indicated (only early phases for Quad recruitment)
- US used only if not responding to EGS Phonophoresis, iontophoresis as indicated
- Biofeedback PRN as indicated Trial Orthotics PRN as indicated

INSTRUCTIONS:

- Closed-chain Quadriceps exercises Isometric Quadriceps exercises
- VMO Strengthening Patellar Mobility & Lateral Retinaculum Stretches
- Quad/Hamstring Stretching & flexibility IT Band Stretching & flexibility
- Gastroc-soleus Gluteal strengthening
- Core strengthening is critical. Multi-modal abdominal and pelvic strengthening exercises to promote core strength and stability while minimizing patella-femoral irritability.

Hamstring & IT Band Flexibility is Essential for Success

Leg press only within controlled, pain-free arc of motion

PRECAUTIONS: No active leg extensions or squats

ESTABLISH DAILY HOME PROGRAM WITH CORE EMPHASIS:

- Closed-chain isometric quad strengthening
- Hamstring & ITB flexibility
- Cryotherapy/ice 3-4x / day for 30 minutes

This protocol provides you with general guidelines for the rehab of the patient with patellofemoral and/or iliotibial band pathology. Specific changes in the program will be made as appropriate for the individual patient. If you have any questions regarding the progress of the patient, please contact our office.

Signature: _____

