



PatelloFemoral Stress Syndrome R / L

Physical Therapy Referral

Peter G. Noordsij, M.D.

Location:

Phone:

Patient Name: _____ **DOB:** _____

Precautions/notes:

1. _____
2. _____
3. _____

Treatment:

1. Range of motion
2. Pain relief
3. Quad strengthening
4. Hamstring stretching
5. Patellar mobilization
6. Retinacular stretching
7. Iontophoresis with dexamethasone 0.4%
8. Phonophoresis with betamethasone 0.1%
9. Ultrasound
10. McConnell's taping
11. Orthotics trial (if indicated)
12. Aquatic therapy (if necessary)
13. Develop home exercise program

Frequency: 2 times per week for 8 ó 12 weeks

Peter G. Noordsij, MD

Date

*e-mail with questions at peter.noordsij@concordortho.com or call my secretary at 603-224-3368.