



Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

PATELLOFEMORAL PAIN SYNDROME (NON-OP)

NON-OP PHYSICAL THERAPY PROTOCOL

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Carmel, IN 46280

IU Health Methodist Hospital – 1801 N Senate Ave, Indianapolis, IN 46202
317-944-9400

www.bryansaltzmanmd.com

Patient Name: _____ **Date:** _____

☒ Evaluate and Treat

☒ Provide patient with home program

Frequency: 2-3 x/week x 6 weeks

Modalities:

☒ Phonophoresis with 0.05% Fluocinonide



X Iontophoresis with 4mg/ml Dexamethasone

X Ultrasound

X Electrical Stimulation

Exercises:

X Back Stabilization Program

X PatelloFemoral Exercise

X Hip Exercise Program

Special Instructions:

Patellofemoral Pain Syndrome protocol

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary. This patient ___ would X would not benefit from social services.

Date: _____

Bryan M. Saltzman, MD