EDUCATION	ACTIVE REHABILITATION	PASSIVE INTERVENTIONS
1. *Ensure the patients understands potential contributing factors to her/his condition and treatment options* 2. *Advise of appropriate activity modification* 3. *Manage the patient's expectations regarding rehabilitation* 4. *Encourage and emphasise the importance of participation in active rehabilitation*	<u>Principles</u> 1. *Give preference to closed kinetic chain exercises to replicate function* 2. *Consider open kinetic chain exercises in early stages of rehabilitation to target specific strength deficits and movements* 3. *Provide adequate supervision in the early stages to ensure correct exercise techniques, but progress to independence as soon as possible* 4. *When independent, limit the number of exercises to 3 or 4 to aid compliance* 5. *Use biofeedback such as mirrors and videos to improve exercise quality* <u>Specifics</u> 1. Incorporate quadriceps and gluteal strengthening 2. *Target distal and core muscles where deficits exist* 3. *Consider stretching, particularly of the calf and hamstrings, based on assessment findings* 4. *Incorporate movement pattern retraining, particularly of the hip*	<u>Pain reduction</u> 1. Provide tailored patellar taping to reduce pain in the immediate term 2. PFJ braces where taping is inappropriate (e.g. skin irritation) 3. Consider foot orthoses <u>Optimising biomechanics</u> 1. *Consider foot orthoses based on assessment findings (i.e. presence of excessive dynamic pronation)* 2. *Consider massage and acupuncture/dry needling to improve the flexibility of tight muscle and fasciae structures, particularly laterally* 3. *Consider PFJ mobilisation but only in the presence of hypo-mobility* 4. *Consider mobilisation of the ankle and first ray in the presence of sagittal plane joint restriction*

Italics = based on expert opinion without supporting Level 1 evidence