

Rehabilitation Protocol: Microfracture of the Femoral Trochlea/Patellar Defect

Name:		

Diagnosis: _____

Date of Surgery: _____

Phase I (Weeks 0-8)

- Weightbearing: Weightbearing as tolerated in hinged knee brace locked in extension
- **Hinged Knee Brace:** Locked in extension for ambulation opened up 0-40° for ROM exercises
- Range of Motion Continuous Passive Motion (CPM) Machine for 6-8 hours per day for 6-8 weeks
 - $\circ~$ Set CPM to 1 cycle per minute range from 0-40°
 - \circ $\;$ Passive Range of Motion and stretching under guidance of PT $\;$
- Therapeutic Exercises
 - Quadriceps/Hamstring isometrics
- Phase II (Weeks 8-12)
- Weightbearing: Advance to full weightbearing as tolerated -- discontinue crutch use
- Discontinue Use of Hinged Knee Brace
 - Range of Motion Advance to full/painless ROM (PROM/AAROM/AROM)
- Therapeutic Exercises
 - o Emphasize Patellofemoral Program
 - Closed chain extension exercises
 - Hamstring curls
 - Toe raises
 - Balance exercises
 - $\circ \quad \text{Begin use of the stationary bicycle/elliptical}$

Phase III (Months 3-6)

- Weightbearing: Full weightbearing
- Range of Motion Full/Painless ROM
- Therapeutic Exercises
 - Advance closed chain strengthening exercises, proprioception activities
 - Sport-specific rehabilitation
- Gradual return to athletic activity as tolerated including jumping/cutting/pivoting sports
- Maintenance program for strength and endurance

Comments:

 Frequency:
 times per week
 Duration:
 weeks

Signature: _____

Date: _____