

Microfracture of Femoral Condyle

Name _____ Date _____

Procedure _____

Procedure Date _____

Frequency 1 2 3 4 5 times/week Duration 1 2 3 4 5 6 weeks

***Range of motion is an important progression of therapy, but limiting swelling is important.
Respecting swelling will decrease pain and improve motion.***

	WEIGHT BEARING	BRACE	ROM	THERAPEUTIC EXERCISE
PHASE I 0-6 weeks	NWB	For protection and caution patient to abide restrictions	CPM 6-8 hours daily – begin at comfortable level of flexion and increase 10 degrees daily until full ROM	PROM, quad/hamstring isometrics Swelling Control: RICE
PHASE II 6-12 weeks	Gradual return to FWB	None	Full and pain free	Bike ROM, begin OKC quad strengthening with gradual progression to CKC
PHASE III 3+ months	Full	None	Full and pain free	Advanced closed chain strengthening, proprioception exercises, return to full activity, sport specific drills (plyometrics, start running progression, cutting, etc.)

Comments:

FCE _____ Work Conditioning/Work Hardening _____ Teach HEP _____

Every patient’s therapy progression will vary to a degree depending on many factors. Please use your best clinical judgment on advancing a patient. If other ideas are considered to improve patient’s outcome do not hesitate to call.

Patient's recovery is a team approach: Patient, family/friend support, therapist, and surgeon. Every team member plays an important role in recovery.

Signature _____ **Date** _____