

**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.\*\*\*

	<b>WEIGHT BEARING</b>	<b>BRACE</b>	<b>ROM</b>	<b>THERAPEUTIC EXERCISE</b>
<b>PHASE I 0-6 weeks</b>	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
<b>PHASE II 6-12 weeks</b>	Gradual return to FWB	None	Full and pain free	Bike ROM, begin OKC quad strengthening with gradual progression to CKC
<b>PHASE III 3+ months</b>	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** \_\_\_\_\_