Femoral Condyle Cartilage Repair/Microfracture

Physical Therapy Post op Protocol

Date:_____________________

Surgeon:__________________

Weightbearing Precautions: Brace unlocked for walking using bil crutches, NWB x 2 wks, TDWB wk 3-4, WBAT wk 5-6

CPM use 6-8 hours per day _____4 wks _____6 wks

Next Follow up:___________________
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<th>Phase</th>
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| Phase I 0-6wks | - Brace unlocked for weightbearing  
- NWB 0-2wks with crutches  
- TDWB WB 3-4 wks with crutches  
- WBAT 5-6wks with crutches  
- ROM full extension - 90 0-2 wks  
- ROM full extension to 120 3-6 wks  
- CPM use 6 hours per day  
  *goal to do ROM ex for 6-8 hours per day  
  - quad sets, ankle pumps, 4 way SLR, progress to standing open and closed chain hip at 5 wks as tolerated  
  - Start bike at 2 wks for PROM ONLY using no-op leg to provide passive ROM for the surgical leg | Minimal to no effusion  
SLR without extension lag  
ROM 0-120                                                                                                           |
| Phase II 6-12wks | Discontinue brace  
Discontinue CPM  
Gait training weaning from crutches as appropriate  
Bike  
SLS  
Closed chain strengthening <60 knee flexion, progress double leg->single leg  
*no impact activity until 12 wks | Normalize gait  
No swelling  
Normal ROM  
SLS 30 sec  
Y balance 94% limb symmetry index                                                                                       |
| Phase III 12-16wks | Continue strengthening  
Begin hop cycle and return to run program  
Plyometrics as indicated  
Agility as indicated | Normalize straight plane running  
No swelling  
Normal ROM  
Soreness resolved in <24 hours                                                                                          |
| Phase IV 16wks + | Return to sport specific drills  
Increase power/strength/speed | Pass appropriate RTS testing  
No swelling                                                                                                             |