



Femoral Condyle Cartilage Microfracture/Repair

Physical Therapy Post op Protocol

Date: _____

Surgeon: _____

Weightbearing Precautions: Brace unlocked for walking using bil crutches, NWB x2 wks, TDWB wk 3-6, WBAT wk 7+

CPM use 6-8 hours per day ____ 4 wks ____ 6 wks

Next Follow up: _____

	Interventions	Milestones
Phase I 0-6wks	<ul style="list-style-type: none"> -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 -Start bike at 2 wks for PROM ONLY using no-op leg to provide passive ROM for the surgical leg 	<ul style="list-style-type: none"> Minimal to no effusion SLR without extension lag ROM 0-120
Phase II 6-12 wks	<ul style="list-style-type: none"> Discontinue brace Discontinue CPM Gait training weaning from crutches as appropriate Bike SLS standing open and closed chain hip after 6 wks as tolerated Closed chain strengthening <60 knee flexion, progress double leg->single leg *no impact activity until 12 wks 	<ul style="list-style-type: none"> Normalize gait No swelling Normal ROM SLS 30 sec Y balance 94% limb symmetry index
Phase III 12-16wks	<ul style="list-style-type: none"> Continue strengthening Begin hop cycle and return to run program Plyometrics as indicated Agility as indicated 	<ul style="list-style-type: none"> Normalize straight plane running No swelling Normal ROM Soreness resolved in <24 hours
Phase IV 16wks +	<ul style="list-style-type: none"> Return to sport specific drills Increase power/strength/speed 	<ul style="list-style-type: none"> Pass appropriate RTS testing No swelling