



Microfracture: Patella/Trochlea Groove

<u>Postop</u>	<u>Goals</u>	<u>Precautions</u>	<u>Exercises/Interventions</u>
Phase 1 Weeks 0-2 weeks 2-3x/ week HEP Daily	ROM: 0-45° Edema and pain control Full Passive Extension Ambulate with brace and bilateral axillary crutches	TTWB Week 0-1 Brace locked in extension at all times Week 1-2 Brace unlocked 0-20°, locked in weight bearing Bilateral axillary crutches Avoid Shearing stress Avoid Painful activities CPM per surgeon discretion	Ankle pumps, Quad sets, Glute sets Straight leg raises Active-assisted ROM- Heel slides within ROM limitation and patient tolerance Passive ROM Patella mobilization- Gentle Stretches: hamstring, calf, hip Isometric strengthening within ROM limitations (Pain free) Biofeedback Pain education/management
Phase 2 Weeks 2-4 1-2x/ week HEP Daily	ROM goals 0-60° SLR w/o extensor lag WBAT with brace unlocked Stimulate healing with low resistance, high repetition exercises	WBAT Brace unlocked 0-20° in weight bearing Bilateral axillary crutches to therapist discretion Avoid Shearing stress Avoid Painful activities	Progress AAROM Stretching LE as needed Initiate Weight shifts Initiate open/closed chain exercises -Low Resistance -0-60° ROM -up to 20% body weight -Slow consistent movement (avoid isometric/stopping during movement) Hip strengthening (resistance superior to knee) NuStep, Stationary Bike -Progress by 5–10-minute increments weekly as tolerated May use aquatic therapy once incisions are closed (No flutter kicks)
Phase 3 Weeks 4-8 1-2x/week HEP Daily	Week 4-6: ROM goals 0-90° Week 6 ROM WNL	Discharge brace when able to perform SLR without extension lag and gait is normal Avoid shearing stress Avoid painful activities	Static Proprioception training Weight shifts Progress closed-chain slowly by no more than 30 lbs. per week (0-60° ROM) **Low resistance, High repetition
Phase 4 Weeks 8-12 1-2x/ week HEP Daily	Full pain free ROM Full weight bearing Normalize gait Restore strength	Unlock brace to allow full ROM Discontinue knee brace as quadriceps strength allows Ween crutches as appropriate	Progress closed chain strengthening 20-30 lbs. per week Higher repetitions Progress balance, proprioception and strength
Phase 5 Weeks 12-16 1-2x/week HEP Daily	Restore strength with goal of symmetry of strength	Must achieve full AROM/PROM, normalized gait and reciprocal stair negotiation to progress to this stage	Progress from double to single leg strengthening Emphasis on closed chain exercises -Leg press, squat, lunges, step ups, leg curls, resisted walking, etc. Progressing to symmetrical strength of each LE

			Progress balance and proprioception from stable to unstable surfaces. May use min-trampoline, airex, slide board, swiss ball, BOSU etc. Progress cardiovascular endurance biking, stairs, elliptical, treadmill
Phase 6 Weeks 16-20 1x/week HEP Daily	Progress proprioception, conditioning Begin jogging, rollerblading, golf type activities	Continue progression, avoid painful activities Physician clearance for light impact activities	Progress above Initiate light impact activities such as jogging or plyometrics with physician clearance
Phase 7 Weeks 20+ HEP Daily	Begin light speed (50%) skill activities and progress running/jumping as tolerated	Continue progression, avoid painful activities	Continue progression of return to activities with increased speed of activity or impact with plyometrics

Typical Schedule of follow-up visits with physician after surgery:

- 2 weeks, 6 weeks, 12 weeks