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Physical Therapy Prescription – Femoral Condyle Microfracture

Name: _____

Date: _____

Procedure: R / L _____

Date of Surgery: _____

Frequency: 2-3 times per week for _____ weeks

PHASE I (Weeks 0 – 6): Period of protection, decrease edema, activate quadriceps

- **Weightbearing:** Heel-touch weight-bearing with crutches
- **Hinged Knee Brace:**
 - **Week 0-1:** Locked in full extension for ambulation and sleeping (remove for CPM and PT)
 - **Weeks 2-6:** Unlock brace as quad control improved; discontinue when able to perform SLR without extension lag
- **Range of Motion:** Continuous Passive Motion (CPM) machine for 6-8 hours/day
 - **CPM Protocol:** 1 cycle per minute starting 0-40°, advance 5-10°/day (goal is 100° by week 6)
 - PROM/AAROM with PT assistance
- **Therapeutic Exercises:** patellar mobs, quad/hamstring sets, calf pumps, passive leg hangs to 90°, heel slides, straight-leg raises with brace in full extension until quad strength prevents extension lag
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase II (Weeks 6 – 8)

- **Weightbearing:** Partial (25%)
- **Hinged Knee Brace:** None
- **Range of Motion:** Progress to full, painless AROM
- **Therapeutic Exercises:** Continue Phase I, add stationary bike
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase III (Weeks 8 – 12)

- **Weightbearing:** Progress to full
- **Range of Motion:** Full, painless
- **Therapeutic Exercises:** Advance Phase II, begin closed chain exercises (wall sits, shuttle, mini-squats, toe-raises), begin unilateral stance activities and balance training
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase IV (Weeks 12 – 24)

- Advance Phase III exercises; focus on core/glutes; advance to elliptical, bike, and pool as tolerated

Phase V (>6 months): Gradual return to athletic activity

- Encourage maintenance program
- Return to sport-specific activity and impact when cleared by MD at 8-9 months postop

Signature: _____

Date: _____