

POST-OPERATIVE FEMORAL CONDYLE MICROFRACTURE REHABILITATION PROTOCOL

Mr Mathias Nagy, Specialist Knee Surgeon
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Ensure patient achieves milestone prior to progression.

Return to contact sports approximately 20 weeks post-op

Return to gentle non-contact, non-competitive sports at physiotherapist's discretion but must be over 16 weeks post-op

WEEK	RANGE OF MOVEMENT	MOBILITY	TREATMENT	MILESTONE TO PROGRESS
Day of surgery	Immediate 0°-90° Passive ROM on CPM machine.	Touch weight bearing with EC	<ul style="list-style-type: none"> • Use of ice and elevation • Ensure adequate pain relief • Apply CPM in recovery • Teach passive ROM exs to continue hourly on discharge • Static quads • SLR • Circulatory exercises 	<ul style="list-style-type: none"> • No post-operative complications • Independent mobility with EC • Good understanding of home exercise programme
Week 1-4	No limit to passive ROM. No active quads/hams through range.	Touch weight bearing with EC	<ul style="list-style-type: none"> • Continue ice and elevation • Ensure adequate pain relief • Hourly PROM flexn/extn exs in prone/sitting using unaffected leg for support • Heel props • Extension mobilisations if required • Static Qs/SLRs • Early VMO • Gluteal strengthening 	<ul style="list-style-type: none"> • Minimal pain • Full range extension • SLR with no lag

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Weeks 4-6	No limit to passive ROM. Active movement limited to range that does not engage the lesion	PWB with EC	<ul style="list-style-type: none"> • Continue cryotherapy as required • Continue regular PROM exs • SLRs with resistance • Isometric, co-contraction quads/hams in range that does not engage the lesion • VMO/Gluteal strengthening • Hydrotherapy if appropriate • Proprioception exs 	<ul style="list-style-type: none"> • No pain • Minimal/no effusion • SLR x 10 with no lag
Weeks 6-12	No limit to AROM	FWB, no walking aids	<ul style="list-style-type: none"> • Exs bike with increasing resistance • Treadmill walking • Step ups/cross trainer/rower • CKC/OKC hams – increase resistance as tolerated • CKC/OKC Qs – increase resistance as tolerated • Squats, lunges 	<ul style="list-style-type: none"> • No pain • No effusion • Normal gait pattern
Weeks 12-16	Full AROM	FWB	<ul style="list-style-type: none"> • Progress strength training – no limits • Treadmill – commence light jogging and progress as symptoms allow • Progress to early change of direction running • Plyometrics 	<ul style="list-style-type: none"> • No pain • No activity related swelling • Normal running pattern
Weeks 16-20			<ul style="list-style-type: none"> • Agility/cutting/twisting • Sport specific 	<ul style="list-style-type: none"> • Symptom free sports specific training
From week 20 onwards			<ul style="list-style-type: none"> • Return to full competitive sport 	<ul style="list-style-type: none"> • Fully fit for demands of specific sport

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