

REHABILITATION FOLLOWING MICROFRACTURE FOR PATIENTS WITH PATELLA-FEMORAL CHONDRAL DEFECTS

Brace	<ul style="list-style-type: none"> Approximately 6 weeks set and locked at _____° to _____°. The brace must be worn at all times except when passive motion is allowed. After 6 weeks, the knee brace is gradually opened to allow increased flexion of the knee, a process that takes about 2 weeks. Brace use is generally discontinued at about 8 weeks, but this will vary depending on size / location of the defect.
CPM (continuous passive motion)	<ul style="list-style-type: none"> Immediately post-surgery. ROM (range of motion) - increased as tolerated until full ROM (range of movement) is achieved.
Passive flexion / extension of the knee (bending / straightening)	<ul style="list-style-type: none"> 500 repetitions 3x daily for first 6 weeks. (aim for full flexion). Note: No active flexion greater than _____° for 6 weeks.
Crutches	<ul style="list-style-type: none"> Weight bearing as tolerated for 6 weeks.
Strength Training:	
Week 0 to 6	<ul style="list-style-type: none"> When the patient wears a brace, strength training is allowed, but only in the _____° to _____° range immediately after surgery in order to limit compression of the affected chondral surfaces (compression of these surfaces must be avoided for 4 months). Isometric quadriceps progressing to SLR. Toe raises. Hip abduction in side lying. Gluteus medius in side lying. Bridging – affected leg straight. Mini squats with brace in situ (0° - _____°). <p>All exercises 3 x 15 daily.</p>
After brace use is discontinued, strength training advances progressively.	
Driving	Consult with your physiotherapist or Dr. M. Barrow.
Stationary bike	6 weeks (high saddle and low resistance).
Swimming	6 weeks.
Jogging	12 weeks.
Contact sport	6 months.
Note: These are guidelines only. Your rehabilitation will be determined by your age and the size / location of the chondral defect.	

