REHABILITATION PROTOCOL FOLLOWING FEMORAL CONDYLE MICROFRACTURE

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
Any problems during rehabilitation please contact Jo Armstrong at Wrightington Physiotherapy Department 01257 256533

<table>
<thead>
<tr>
<th>WEEK</th>
<th>RANGE OF MOVEMENT</th>
<th>MOBILITY</th>
<th>TREATMENT</th>
<th>MILESTONE TO PROGRESS</th>
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| Day of surgery | Immediate 0°-90° Passive ROM on CPM machine. | Touch weight bearing with EC    | • 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 | • 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 | • 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 | • Minimal pain  
• Full range extension  
• SLR with no lag |
| Weeks 4-6       | No limit to passive ROM. Active movement limited to range that does not engage the lesion | PWB with EC | • 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 | • No pain  
• Minimal/no effusion  
• SLR x 10 with no lag |
|----------------|------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------|
| Weeks 6-12     | No limit to AROM                                                                       | FWB, no walking aids | • 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 | • No pain  
• No effusion  
• Normal gait pattern |
| Weeks 12-16    | Full AROM                                                                               | FWB         | • Progress strength training – no limits  
• Treadmill – commence light jogging and progress as symptoms allow  
• Progress to early change of direction running  
• Plyometrics | • No pain  
• No activity related swelling  
• Normal running pattern |
| Weeks 16-20    |                                                                                         |             | • Agility/cutting/twisting  
• Sport specific | • Symptom free sports specific training |
| From week 20 onwards |                                                                                     |             | • Return to full competitive sport | • Fully fit for demands of specific sport |
References


