REHABILITATION PROTOCOL FOLLOWING TROCHLEA 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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</thead>
</table>
| Day of surgery | Locked hinged brace (0°) for 24 hours. Set brace at 0°-30° to be unlocked following day. | Weight-bear to comfort with ECs in locked hinged brace | • Use of ice and elevation  
• Ensure adequate pain relief  
• Teach passive ROM exercises to commence day following surgery  
• Static quads  
• SLR  
• Circulatory exercises  
• Teach adjustment of brace | • No post-operative complications  
• Independent mobility with ECs  
• Good understanding of brace use  
• Good understanding of home exercise programme |
| Week 1-4 | Brace to limit ACTIVE ROM 0°-30° Full PASSIVE ROM | Progress as able to full WB with no walking aids. Brace unlocked and set at 0°-30° for mobilising | • 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  
• Proprioception exs | • Minimal pain  
• Full range extension  
• SLR with no lag |
| Weeks 4-6   | As above         | FWB with no walking aids  
Brace 0°-30° | • Continue cryotherapy as required  
• Continue regular PROM     
exs  
• SLRs with resistance  
• Isometric, co-contraction  
quads/hams at 30°  
• CKC quads/hams 0°-30°  
• 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,  
discard brace | • Exs bike with increasing  
resistance  
• Treadmill walking  
• Step ups/cross trainer/rower  
• OKC hams  
• OKC quads avoiding range  
at which lesion engaged  
• 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


