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Date of Procedure:

Physical Therapy Protocol – Femoral Condyle Microfracture/Biocartilage

]Diagnosis: R / L

Frequency: 2-3 Times Per Week for weeks

Weeks 0-6: period of protection, decrease edema, activate quadriceps

- Weight bearing: Heel-touch weight bearing with crutches
- Hinged Knee Brace:
 - Weeks 0-1: locked in full extension for ambulation and sleeping, off for exercises, CPM, and hygiene
 - Weeks 2-6: unlock brace as quad control improved; discontinue when able to perform straight leg raise without extension lag
- **Range of Motion:** use CPM for 6 hours/day, 1 cycle per minute beginning at 0-40 degrees, advance 5-10 degrees per day with a goal of 100 degrees by week 6; PROM/AAROM with PT assistance
- Therapeutic Exercises:
 - Patellar mobs, quad/hamstring sets, calf pumps, passive leg hangs to 90 degrees, heel slides, SLR with brace locked in full extension until quad strength prevents extension lag
- Modalities: per therapist including E-stem, ultrasound, heat before therapy and ice after

Weeks 6-8:

- Weight bearing: partial (25%)
- Hinged Knee Brace: discontinue at 6 weeks
- Range of Motion: progression to full, painless AROM
- Therapeutic Exercises: advance above exercises, add stationary bike
- Modalities: per therapist including E-stem, ultrasound, heat before therapy and ice after

Weeks 8-12:

- Range of Motion: full, painless
- **Therapeutic Exercises:** begin closed chain activities including wall sits, shuttle, mini-squats, toe raises, begin unilateral stance activities, balance training
- Modalities: per therapist including E-stem, ultrasound, heat before therapy and ice after

12 Weeks –24 weeks:

- **Therapeutic Exercises:** Advance above exercises, maximize core/glutes, pelvic stability work, eccentric hamstrings, advance to elliptical, stationary bike, and pool as tolerated

>6 Months:

- Advance function activity, return to sport specific activity and impact when cleared by MD at earliest 8 months