

Rehabilitation Protocol: Microfracture of the Trochlea/Patellar Defect

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ARTHROSCOPIC SURGERY | JOINT RECONSTRUCTION



Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____

Phase I (Weeks 0-8)

- **Weightbearing:** Weightbearing as tolerated in hinged knee brace locked in extension
- **Hinged Knee Brace:** Locked in extension for ambulation – opened up 0-40° for ROM exercises
- **Range of Motion** – Continuous Passive Motion (CPM) Machine for 6-8 hours per day for 6-8 weeks
 - Set CPM to 1 cycle per minute – range from 0-40°
 - Passive Range of Motion and stretching under guidance of PT
- **Therapeutic Exercises**
 - Quadriceps/Hamstring isometrics

Phase II (Weeks 9-12)

- **Weightbearing:** Advance to full weightbearing as tolerated -- discontinue crutch use
- **Discontinue Use of Hinged Knee Brace**
- **Range of Motion** – Advance to full/painless ROM (PROM/AAROM/AROM)
- **Therapeutic Exercises**
 - Emphasize Patellofemoral Program
 - Closed chain extension exercises
 - Hamstring curls
 - Toe raises
 - Balance exercises
 - Begin use of the stationary bicycle/elliptical

Phase III (Months 3-6)

- **Weightbearing:** Full weightbearing
- **Range of Motion** – Full/Painless ROM
- **Therapeutic Exercises**
 - Advance closed chain strengthening exercises, proprioception activities
 - Sport-specific rehabilitation
 - Gradual return to athletic activity as tolerated – including jumping/cutting/pivoting sport
- **Maintenance program for strength and endurance**

Comments:

Frequency: ____ times per week

Duration: ____ weeks

Signature: _____

Date: _____