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Microfracture – Femoral Condyle – Physical Therapy Protocol

Name _____ Today's Date _____

Diagnosis _____ Surgery Date _____

Frequency: 1 2 3 4 5 times/week Duration: 1 2 3 4 5 6 weeks Side: R / L

Evaluate only Provide home exercise program (HEP)

Evaluate and Treat

PHASE 1: Period of protection; Weeks 0 - 6

- Active and passive NWB range-of-motion 0-90°; Obtain full extension
- Non weight-bearing with crutches and brace locked in extension
- Brace locked in extension while sleeping and walking (0-2 weeks)
- Discontinue brace two weeks after surgery

Therapeutic Exercise

Patellar mobs, SLR with brace locked in extension until no extensor lag, heel slides, quad/hamstring sets, NWB heel cord stretch, ankle pumps, prone hangs, passive leg hangs to 90°

PHASE 2: Weeks 6 - 8

- Active and passive NWB range-of-motion to full motion
- Progress weight-bearing by 25% each week until full weight-bearing

Body weight toe raises, continue core work, progress to WB heel cord stretch with knee in brace locked in extension

PHASE 3: Weeks 8 - 12

- Weight-bearing as tolerated
- Ensure full motion

Short-arc (0-45°) closed-chain exercises, squats, leg press, lunge, wall sits, begin proprioception, StairMaster, NordicTrac, continue core

PHASE 4: Weeks 12 - 26

- Full weight-bearing, full motion, normal gait

Begin stationary bike, elliptical, continue squats, leg presses, lunges at 0-90°, continue proprioception, maximize core

PHASE 5: Weeks 26 - 52

- Gradual return to sport training and competitive sport
- Maintenance strengthening, flexibility
- May begin jogging and progress to running
- This phase dependent upon clearance by MD

Sport-specific training, maintenance strengthening for core, hip abduction, hip extension, quads, hamstring, gastroc, flexibility, plyometrics, proprioception

Comments:

Modalities: ___ Per therapist ___ Electrical Stimulation ___ Ultrasound ___ Heat before/after ___ Ice before/after

___ Aquatherapy ___ Massage ___ Trigger points ___ ART (Active release techniques) Other _____

Signature _____ Date _____