

REHABILITATION FOLLOWING MICROFRACTURE FOR PATIENTS WITH CHONDRAL DEFECTS OF THE FEMUR OR TIBIA

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| CPM (continuous passive motion) | <ul style="list-style-type: none"> Immediately post-surgery. Range of motion is increased as tolerated until full ROM (range of movement) is achieved. |
| Passive flexion / extension of the knee (bending / straightening) | <ul style="list-style-type: none"> 100 repetitions 3x daily for the first 2 weeks (aim for full flexion). Note: Active flexion limited to 60 for the first 2 weeks. |
| Crutches | <ul style="list-style-type: none"> TWB (touch weight bearing) for 4 to 6 weeks or as prescribed by Dr. M. Barrow, then PWB (partial weight bearing) for a further (+/-) 2 weeks. |
| Brace | <ul style="list-style-type: none"> Rarely recommended. |
| Strength Training: | |
| Week 0 to 2 | <ul style="list-style-type: none"> Mini squats (0 - 60°) – only if patient technique is correct. Isometric quadriceps progressing to SLR. Hip abduction in side lying. Gluteus medius in side lying. Bridging with affected leg straight. <p>All exercises 3 x 15 daily.</p> |
| Week 2 to 6 | <ul style="list-style-type: none"> Stationary bike without resistance. Deep water exercise. Swimming (crawl). Exercises as per weeks 0 to 2. |
| Week 6 to 12 | <ul style="list-style-type: none"> Resistance / theraband exercise. |
| Week 16 | <ul style="list-style-type: none"> Machine / free weights. |
| Driving | Consult with your physiotherapist or Dr. M. Barrow. |
| Road cycling | 12 weeks. |
| Jogging | 16 weeks. |
| Full contact sport | 6 months. |
| Note: These are guidelines only. Your rehabilitation will be determined by your age and the size / location of the chondral defect. | |

