## GOLDEN STATE ORTHOPEDICS & SPINE



## Rehabilitation Protocol: Microfracture of the Femoral Trochlea/Patellar Defect

Name:	Date:
Diagnosis:	Date of Surgery:
Phase I (Weeks 0-8)	
<ul> <li>Hinged Knee Brace: Locked in ext</li> <li>Range of Motion – Continuous Pas</li> <li>Set CPM to 1 cycle per minu</li> </ul>	d stretching under guidance of PT
Phase II (Weeks 8-12)	
<ul> <li>Weightbearing: Advance to full w</li> <li>Discontinue Use of Hinged Knee</li> </ul>	
e ,	/painless ROM (PROM/AAROM/AROM)
<ul> <li>Therapeutic Exercises</li> <li>Emphasize Patellofemoral F</li> <li>Closed chain extension exer</li> <li>Hamstring curls</li> <li>Toe raises</li> <li>Balance exercises</li> <li>Begin use of the stationary I</li> </ul>	rcises
<ul> <li>Phase III (Months 3-6)</li> <li>Weightbearing: Full weightbearin</li> <li>Range of Motion – Full/Painless Research</li> <li>Therapeutic Exercises</li> </ul>	
<ul> <li>Advance closed chain streng</li> <li>Sport-specific rehabilitation</li> <li>Gradual return to athletic activity a</li> </ul>	s tolerated – including jumping/cutting/pivoting sports
Maintenance program for strength	and endurance
Comments:	
Frequency: times per week	Duration: weeks
Signature:	Date:

DR CHARLES PRESTON REHABILITATION PROTOCOLS