

Rehabilitation Protocol for Patients with Chondral Defects on the Femur or Tibia Undergoing Microfracture

Adapted from Steadman Hawkins Rehabilitation recommendations

- You will start on a **continuous passive motion (CPM)** machine immediately. Ideally, you should use the machine for 6 to 8 hours every 24 hours. Range of motion is increased as tolerated until full range of motion is achieved with the machine.
- **The use of crutches, with only light touch-down weight allowed on the involved leg, is prescribed for 6 to 8 weeks.** Patients with small defect areas (less than 1cm in diameter) may be allowed to put weight on the leg a few weeks sooner.
- Brace use is recommended for patients with chondral defects on the femur or tibia.

Limited strength training also begins immediately after microfracture surgery.

- Standing one-third knee bends with a great deal of weight on the **uninjured leg** begin the day after surgery.
- Stationary biking **without** resistance and possibly a deep-water exercise program begin 1-2 weeks after surgery.
- After 8 weeks you may progress to full weight bearing and begin a more vigorous program of active knee motion.
- Elastic resistance cord exercises can begin about 8 weeks following surgery.
- Free weights or machine weights can be started when the early goals of the rehabilitation program have been met, but no sooner than 16 weeks after surgery.
- **Patients must not resume sports that involve pivoting, cutting, and/or jumping for 4-6 months after a microfracture procedure.** Full activity may be resumed once the physician has examined the knee and given approval for the patient to return to sports activity.

Please do not hesitate to contact the office with any questions or concerns at (301)-530-1010.