

## Femoral Condyle Microfracture Rehabilitation Protocol

### Weeks 1 to 6

#### Goals

- Patient is to be toe touch weight bearing only for six weeks
- Sutures removed at week one
- Continue TED hose, RICE (rest, ice, compression and elevation) until sutures are removed
- Physical therapist should initiate scar massage and patellar mobs at or around week three

#### Exercises

- Open kinetic chain high rep, low resistance
- Straight leg raises and weighted straight leg raises
- Quad sets, with and without heel prop
- Seated heel slides and supine heel slides at the wall
- Hamstring sets
- Seated t-band knee flexion
- Isotonic knee extension 90 to 60 degrees
- Stationary bike with no resistance
- Minimal weight bearing of affected extremity
- Straight leg hip abduction
- Prone hip extension
- Deep water running after incision portals have healed completely
- Neuromuscular electrical stimulation and biofeedback may also be used as needed if quad shutdown
- Moderate to severe calf pain or shortness of breath should be reported immediately

Helping you achieve  
the optimal activity  
level for your lifestyle  
is my first priority.

- Scott Gudeman, MD

### Weeks 7 to 11

#### Exercises

- Slowly progress to closed kinetic chain activity using body weight at first and then progressing to external resistance
- Add resistance to stationary bike – sprint activity at week eight with one to four work to rest ratio on the bike
- Begin elliptical trainer and/or stairmaster
- Focus on closed kinetic chain LE proprioceptive exercises
- Low level plyometrics may begin at week 11. Keep foot contacts at or below 80, frequency of two to three times a week for two weeks and progress to 100 to 110 foot contact after week 12 with the same frequency

### Weeks 12 to 16

#### Exercises

- Begin with straight jogging, then progress to full sprints as tolerated
- Sport specific movements when PT/AT-C feels full practice/live scrimmage is warranted
- Patient should continue to ice following practice, workouts and game



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