

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

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 your surgeon, 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 surgeon.
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.	

