



# Brian Waterman, MD

SPORTS MEDICINE & ORTHOPEDICS

## MICROFRACTURE / BIOCARTILAGE OF FEMORAL CONDYLE REHABILITATION PROTOCOL

	<b>WEIGHT BEARING</b>	<b>BRACE</b>	<b>ROM</b>	<b>EXERCISES</b>
<b>PHASE I</b> 0-6 weeks	Non-WB	<b>0-2 week:</b> Locked in full extension at all times  Off for CPM and exercise only  Discontinue after 2 wks	<b>0-6 weeks:</b> Use CPM for 6 hours/day, beginning at 0-40°; advance 5-10° daily as tolerated	<b>0-2 weeks:</b> Quad sets, SLR, calf pumps, passive leg hangs to 90° at home  <b>2-6 weeks:</b> PROM/AAROM to tolerance, patella and tibiofibular joint mobs, quad, hamstring, and glut sets, SLR, side-lying hip and core
<b>PHASE II</b> 6-8 weeks	Advance 25% weekly until full	None	Full	Advance Phase I exercises
<b>PHASE III</b> 8-12 weeks	Full	None	Full	Gait training, begin closed chain activities: wall sits, shuttle, mini-squats, toe raises  Begin unilateral stance activities, balance training
<b>PHASE IV</b> 12 weeks – 6 months	Full	None	Full	Advance Phase III exercises; maximize core/glutes, pelvic stability work, eccentric hamstrings  May advance to elliptical, bike, pool as tolerated
<b>PHASE V</b> 6-12 months	Full	None	Full	Advance functional activity  Return to sport-specific activity and impact when cleared by MD after 8 mos

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**Comments:**

Functional Capacity Evaluation  Work Hardening/Work Conditioning  Teach HEP

**Modalities:**

Electric Stimulation  Ultrasound  Iontophoresis  Phonophoresis  
 TENS  Heat before/after  Ice before/after  Trigger points massage  
 Therapist's discretion  
 Other \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_