

TIBIOFEMORAL MICROFRACTURE

Dr. Levene
(2/2015)

POD 0-42 DAYS

Strict non weight bearing with crutches (toe touch ok for balance)
No brace unless concomitant procedure
CPM 6 hrs/day . 30-70°; increase range of motion to full slowly in 5° increments as tolerated
Quad sets, straight leg raises, ankle pumps, hip girdle isometrics
Patellar mobs
AAROM progress to full ASAP; include full hyperextension

At 2 wks Post Op

Begin stationary bike **without** resistance

At 6 wks Post Op

Add resistance as tolerated on stationary bike
Progress WBAT, wean off crutches
Theraband resisted strengthening
Begin treadmill when gait normalized, add incline as tolerated

At 8 wks Post Op

Add elliptical trainer, stair stepper
High-rep, low-resistance weight training
Slide board OK

At 10 wks Post Op

Intro to jogging, begin with soft surface, back off if swelling or pain occurs
Intensify in-line strengthening

At 12 wks Post Op

Add lateral agility training
Add Plyometrics

Begin straight line running, gradually introduce pivoting and cutting maneuvers

RETURN TO SPORT CRITERIA:

Typically 16 wks minimum for aggressive sports

MD clearance

Adequate strength recovery

Minimal or no effusion

Participate in functional sports progression

**RECOMMEND GLUCOSAMINE 1500MG/DAY FOR LIFETIME
FOR ALL MICROFRACTURE PATIENTS, ESPECIALLY HIGHLY
RECOMMENDED FOR FIRST THREE MONTHS POSTOP**

