

Microfracture of the Femur and Tibia
Dr Aukerman ONLY (Revised 11/2021)
NOT TO BE USED BY OTHER PROVIDERS

ATTENTION PHYSICAL THERAPISTS—STRESS IMPORTANCE OF THE FOLLOWING:

- Place patient in brown compression stocking (20-30 mmHg) at first PT appointment. Wear during daytime only and d/c at night—instruct patient/family member how to don/doff stocking
 - May discharge when no swelling or effusion- typically 3-4 weeks p/o
- Stress early knee extension. Should reach full knee ext by 2 weeks post-op.
- Stress no pillows under popliteal fossa. Always under calf/heel only to progress knee extension.

	WEIGHT BEARING	BRACE	ROM	EXERCISES
PHASE 1 0-6 weeks	Non-WB	0-6 weeks: Locked in extension at all times Off for exercise only	0-6 wks: Full	0-2 wks: Quad sets, SLR, calf pumps, passive leg hangs to 90 degrees at home 2-6 wks: PROM/AAROM to tol., patella and tibiofibular joint mobs, quad, hamstring, and glut sets, SLR, side-lying hip and core, scar mobs 4-6 weeks when adequate healing
PHASE 2 6-8 weeks	Advance 25% until full	None	Full	Advance Phase 1 exercises
PHASE 3 8-12 weeks	Full	None	Full	Gait training, being closed-chain activities: wall sits, shuttle, mini-squats, toe raises Begin unilateral stance activities, balance training
PHASE 4 12 weeks- 6 months	Full	None	Full	Advance Phase 3 exercises; maximize core/glutes, pelvic stability work, eccentric hamstrings May advance to elliptical, bike, pool as tolerated.
PHASE 5 6-12 months	Full	None	Full	Advance functional activity Return to sport-specific activity and impact when cleared by MD after 8 months