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## Physical Therapy Prescription – Femoral Condyle Microfracture

Procedure: Femoral condyle microfracture

Frequency: 2-3 times per week for 6 weeks

PHASE I (Weeks 0 - 6): Period of protection, decrease edema, activate quadriceps

- Weightbearing: Heel-touch weight-bearing with crutches
- Hinged Knee Brace:
  - Week 0-1: Locked in full extension for ambulation and sleeping (remove for CPM and PT)
  - Weeks 2-6: Unlock brace as quad control improved; discontinue when able to perform SLR without extension lag
- Range of Motion: Continuous Passive Motion (CPM) machine for 6-8 hours/day
  - CPM Protocol: 1 cycle per minute starting 0-40°, advance 5-10°/day (goal is 100° by week 6)
  - PROM/AAROM with PT assistance
- Therapeutic Exercises: patellar mobs, quad/hamstring sets, calf pumps, passive leg hangs to 90°, heel slides, straight-leg raises with brace in full extension until quad strength prevents extension lag
- Modalities: Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

### Phase II (Weeks 6 - 8)

- Weightbearing: Partial (25%)
- Hinged Knee Brace: None
- Range of Motion: Progress to full, painless AROM
- Therapeutic Exercises: Continue Phase I, add stationary bike
- Modalities: Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

### Phase III (Weeks 8 - 12)

- Weightbearing: Progress to full
- Range of Motion: Full, painless
- Therapeutic Exercises: Advance Phase II, begin closed chain exercises (wall sits, shuttle, mini-squats, toeraises), begin unilateral stance activities and balance training
- Modalities: Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

# Phase IV (Weeks 12 - 24)

Advance Phase III exercises; focus on core/glutes; advance to elliptical, bike, and pool as tolerated

#### Phase V (>6 months): Gradual return to athletic activity

- Encourage maintenance program
- Return to sport-specific activity and impact when cleared by MD at 8-9 months postop

Signature:	Date: