



Paul Phillips IV, MD

Orthopedic Sports Medicine Surgeon

Hip, Knee, Shoulder, Elbow ■ Cartilage Restoration, Joint Preservation

■ www.paulphillipsmd.com ■

Physical Therapy Protocol – Microfracture of Femoral Condyle

	Weight Bearing	ROM	Brace	Therapy*
Phase I 0-6 weeks	Nonweightbearing with crutches.	**CPM: 6-8 hours per day for 6 weeks. Start -5 to 45° Increase 5-10° per day as tolerated Goal: full active extension by 2 weeks; 90° passive flexion by 4 weeks, 120° by 6 weeks	0-2 weeks: locked in full extension at all times. Off for CPM and exercises. Discontinue after 2 weeks.	<ul style="list-style-type: none">• Quad sets, SLR, quad/hamstring isometrics, ankle pumps, patellar mobilizations• Prone leg hangs• Glute sets, hip and core strengthening
Phase II 6-8 weeks	50% WB x 1 week, then advance to full and wean crutches.	Full	None	<ul style="list-style-type: none">• Advance Phase I exercises
Phase III 8-12 weeks	Full	Full	None	<ul style="list-style-type: none">• Gait training, closed chain activities, wall sits, mini squats, toe raises, balance training
Phase IV 12 – 24 weeks	Full	Full	None	<ul style="list-style-type: none">• Advance Phase III exercises; maximize core/glute strengthening, eccentric hamstring exercises• Begin open chain exercises• Advance to elliptical, bike, pool as tolerated
Phase V 6-12 months	Full	Full	None	<ul style="list-style-type: none">• Advance functional activity• Begin a progressive running and agility program• Return to sport specific activity and impact after 8 months



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*Modalities per therapist including electrical stimulation, ultrasound, heat (before), ice (after).

** If no CPM, 20 min on stationary bike (with no resistance) can substitute for 1 hour in CPM