

Microfracture Procedure (Trochlear Lesion) (Small to Medium Lesions)

I. PHASE I: PROTECTION PHASE (Week 0-6)

Goals: Protection of healing articular cartilage from load and shear

Reduce swelling and inflammation
Restoration of full passive knee extension
Gradual restoration of knee flexion
Re-establish voluntary quadriceps control

Weeks 0-2

Brace: Locked at 0° during ambulation and weight bearing activity

Weight Bearing: Toe-touch WB (~25% body weight) in full extension

Week 1 - 50% body weight (BW) week 2 in brace

Inflammation Control: Use of ice and compression 15-20 min. (6-8 times

daily)

Use elastic wrap to control swelling and inflammation

Range of Motion: Immediate motion

Full passive knee extension immediately
Patellar mobilization immediately 6-8x daily
Active assisted knee flexion (3-5 times daily)
Initiate CPM day one for total of 8-12 hrs daily
Week one: 0-90° or beyond to tolerance

Week two: 0-115° or beyond to tolerance Flexibility exercises: stretch hamstrings, calf and quads

Strengthening Exercises: Isometric quadriceps setting

Straight leg raises (4 directions)
Electrical muscle stimulation to quads

Bicycle on Unicam with limited motion 0-60 degrees

Ankle pumps

Hip rotation strengthening

Functional Activities: Gradual return to daily activities

Monitor swelling, pain and loss of motion

Week 6

Weight Bearing: 75% BW week 3

Week 4 full weight bearing

Range of Motion: Gradually progress knee flexion

Week 3: 0-125° Week 4: 0-135°

Maintain full passive knee extension Continue patellar mobilization

Continue stretches for quadriceps, hamstrings, gastroc

Perform active ROM (4-5 times daily)



Strengthening Exercises:

Bicycles (1-2 times daily) low intensity cycling

(unicam)

Electrical muscle stimulation

Quads setting Straight leg flexion Hip abd/adduction Hip flexion/extension

Pool program (once incisions are closed) Proprioception and balance training

Inflammation Control:

Continue use of ice, elevation and compression (4-5 times daily)

Functional Activities:

Gradually return to functional activities.

No sports or impact loading

II. PHASE II: TRANSITION PHASE WEEKS 6-12

Criteria to progress to Phase II:

Full passive knee extension Knee flexion to 115 degrees Minimal pain/ swelling Voluntary quad activation

Goals: Protect and promote articular cartilage healing

Gradually increase joint stresses and loading Improve lower extremity strength and endurance

Gradually increase functional activities

Weight-bearing Full WB week 4-6 without brace (physician discretion)

Flexibility Exercises: Continue stretching hamstrings, quadriceps, and calf

Strengthening Exercises:

Leg Press (light) 0-60 degrees Mini-squat 0-45 degrees

Toe calf raise EMS to Quads Continue SLR Quad sets

Bicycle (gradually increase time) low intensity

Lateral lunges with sportcord Wall Slides 0-60 degrees

Pool program (walking and running week 6)

Initiate walking program (week 8) Proprioception and balance training

Elliptical (week 10-12)

Treadmill walking (week 10-12)

Functional Activities: Gradually increase walking program

*Progression based on monitoring patient swelling, pain

and motion



III. PHASE III: LIGHT ACTIVITY PHASE (WEEKS 12-16)

Goals: Improve muscular strength/endurance

Increase functional activities

Gradually increase loads applied to joint

Criteria to Progress To Phase II:

1) Full non-painful ROM

2) Strength within 20% contralateral limb

3) Able to walk 1.5 miles or bike for 20-25 minutes without symptoms

Exercises: Continue progressive resistance exercises

Continue functional rehabilitation exercises

Balance and proprioception drills Bicycle and elliptical (week 12) Neuromuscular control drills

Pool program

Continue all stretches to lower extremity

Light jogging (week 12-16) physician determination

Functional Activities: Gradually increase walking distance/endurance

Light jogging

IV. PHASE IV: RETURN TO ACTIVITY PHASE (WEEKS 16-26)

Goals: Gradual return to full unrestricted functional activities

*Actually timeframes may vary based on extent of injury and surgery

Physician will advise rate of progression

Exercises: Continue functional rehab exercises

Emphasize patellar mobility

Quadriceps strengthening without pain

Hip Strengthening (ER/IR)

Continue with squatting for 3-4 months

Continue flexibility exercises

Stretch quads, hamstring, calf

Functional Activities Per physician direction

Low impact sports (cycling, golf) wks 12-16

Moderate impact sports (jogging, tennis, aerobics) wks

20-26

High impact sports (basketball, soccer, volleyball) wks

26+