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Knee Patellofemoral Microfracture Rehab Protocol Prescription

Patient Name:

Date:

Diagnosis: Articular cartilage lesion (patella trochlea)

Frequency: 2-3 visits/week Duration: 4 months

Weeks 1-6

- HEP with ROM as tolerated.
- Encourage ROM exercises daily from 0 to 90°
- NWB strictly using crutches for 1st 2 weeks, then may WBAT in brace locked in extension

Weeks 6-14

- Supervised PT - 3 times a week (may need to adjust based on insurance)

GOALS

- Restore full ROM
- Restore normal gait
- Demonstrate ability to ascend and descend 8-inch stairs with good leg control without pain
- Improve ADL endurance
- Independence in HEP

PRECAUTIONS

- Avoid descending stairs reciprocally until adequate quad control and lower extremity alignment
- Avoid pain with therapeutic exercise and functional activities
- Avoid running and sport activity

TREATMENT STRATEGIES

- Progressive WBAT as quad control allows (good quad set/ability to SLR without

- pain or lag). May use crutches/cane if needed
- Aquatic therapy if available - pool ambulation or underwater treadmill
 - D/C crutches or cane when gait is non-antalgic
 - AAROM exercises
 - Patellar mobilization
 - SLR's in all planes with weights
 - Proximal PREs
 - Neuromuscular training (bilateral to unilateral support)
 - Balance apparatus, foam surface, perturbations
 - Short crank stationary bike
 - Standard stationary bike (when knee ROM > 115)
 - Leg press - bilateral/eccentric/unilateral progression
 - Squat program (PRE) 0-60 deg
 - Open chain quad isotonics (pain free arc of motion)
 - Initiate step-up and step-down programs
 - Stairmaster
 - Retrograde treadmill ambulation
 - Quad stretching
 - Elliptical machine
 - Forward Step-Down Test
 - Upper extremity cardiovascular exercises as tolerated
 - Cryotherapy
 - Emphasize patient compliance to HEP

CRITERIA FOR ADVANCEMENT

- ROM to WNL
- Ability to descend 8-inch stairs with good leg control w/o pain
- Add water exercises if desired (and all incisions are closed and sutures out)

Weeks 14-22

GOALS

- Demonstrate ability to run pain-free
- Maximize strength and flexibility as to meet demands of ADL
- Hop test >85% limb symmetry
- Isokinetic test >85% limb symmetry
- Lack of apprehension with sport-specific movements
- Flexibility to accepted levels of sport performance
- Independence with gym program for maintenance and progression of therapeutic exercise program at discharge

PRECAUTIONS

- Avoid pain with therapeutic exercise and functional activities
- Avoid sport activity until adequate strength development

TREATMENT STRATEGIES

- Progress squat program < 90 degree flexion
- Lunges
- Start forward running (treadmill) program at 4 months postop if 8-inch step down satisfactory
- Continue LE strengthening and flexibility programs
- Agility program/sport specific (sports cord)
- Start plyometric program when strength base is sufficient
- Isotonic knee flexion/extension (pain and crepitus-free arc)
- Isokinetic training (fast to moderate to slow velocities)
- Functional testing (hop test)
- Isokinetic testing
- HEP

CRITERIA FOR DISCHARGE

- Symptom-free running and sport-specific agility
- Hop test >85% limb symmetry
- Isokinetic test >85% limb symmetry
- Lack of apprehension with sport specific movements
- Flexibility to acceptable levels of sport performance
- Independence with gym program for maintenance and progression of therapeutic exercise program at discharge

Concerns or questions:

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Physician Signature: