



Matthew Gotlin, MD
159 East 74th Street
New York, NY 10021

REHAB PROTOCOL: Microfracture of Trochlea/Patella Lesion

Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____

Phase I (Weeks 0-8)

- **Weightbearing:** Weightbearing as tolerated in hinged knee brace locked in extension
- **Hinged Knee Brace:** Locked in extension for ambulation (Open up 0-40 deg for ROM exercises)
- **Range of Motion:** Continuous Passive Motion (CPM) machine for 6-8 hours per day for 6-8 weeks
 - o Set CPM to 1 cycle per minute – range from 0°-40°
 - o Passive Range of Motion and stretching under guidance of PT
- **Therapeutic Exercises**
 - o Quadriceps/Hamstring isometrics

Phase II (Weeks 8-12)

- **Weightbearing:** Advance to full weightbearing as tolerated- discontinue crutch use
- **Discontinue Use of Hinged Knee Brace**
- **Range of Motion** –Advance to full/painless ROM (PROM/AAROM/AROM)
- **Therapeutic Exercises**
 - o Emphasize Patellofemoral Program
 - o Closed chain extension exercises
 - o Hamstring curls
 - o Toe raises
 - o Balance exercises
 - o Begin use of the stationary bicycle/elliptical

Phase III (Months 3-6)

- **Weightbearing:** Full weightbearing

159 East 74th Street
New York, NY 10021
Tel: 212-737-3301 Fax: 212-734-0407

2 Overhill Rd, Suite 310
Scarsdale, NY 10583
Tel: 914-725-6970 Fax: 914-725-6972

1600 Stewart Ave, Suite 100
Westbury, NY 11590
Tel: 516-243-8506 Fax: 212-734-0407

1870 Richmond Road
Staten Island, NY 10306
Tel: 718-285-7118 Fax: 212-734-0407

161 Atlantic Avenue
Brooklyn, NY 11201
Tel: 212-737-3301 Fax: 212-734-0407

200 West 13th Street, 6th Floor
New York, NY 10077
Tel: 212-737-3301 Fax: 212-734-0407

9226 Kennedy Boulevard
North Bergen, NJ 07047
Tel: 212-737-3301 Fax: 212-734-0407

- **Range of Motion** – Full/Painless ROM
- **Therapeutic Exercises**
 - o Advance closed chain strengthening exercises, proprioception activities
 - o Sport-specific rehabilitation
- **Gradual return to athletic activity as tolerated – including jumping/cutting/pivoting sports**
- **Maintenance program for strength and endurance**

Comments:

Frequency: _____ times per week

Duration: _____ weeks

Signature: _____

Date: _____