

## Physical Therapy Prescription – Patella / Trochlea Microfracture

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Procedure: R / L \_\_\_\_\_

Date of Surgery: \_\_\_\_\_

Frequency: 2-3 times per week for \_\_\_\_\_ weeks

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

- **Weightbearing:** Full with brace
- **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 0-30° (weeks 0-2), 0-60° (weeks 2-4), 0-90° (weeks 4-6)
- **Therapeutic Exercises:**
  - **Weeks 0-2:** quad sets, calf pumps, passive leg hangs to 45°
  - **Weeks 2-6:** PROM/AAROM to tolerance, gentle patellar mobs, quad/HS/glute sets, SLR, side-lying hip and core exercises
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

### Phase II (Weeks 6 – 8)

- **Weightbearing:** Full
- **Hinged Knee Brace:** None
- **Range of Motion:** Progress to full, painless AROM
- **Therapeutic Exercises:** Advance Phase I
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

### Phase III (Weeks 8 – 12)

- **Weightbearing:** Full
- **Range of Motion:** Full, painless
- **Therapeutic Exercises:** Advance Phase II, begin closed chain exercises (wall sits, shuttle, mini-squats, toe-raises), begin stationary bike, 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: \_\_\_\_\_