

Post-Operative Instructions

Knee Arthroscopy and Microfracture Femoral Condyle

Day of surgery

- A.** Diet as tolerated
- B.** Icing is important for the first 5-7 days post-op. While the post-op dressing is in place, icing should be done continuously. Once the dressing is removed on the first or second day, ice is applied for 20-minute periods 3-4 times per day. Care must be taken with icing to avoid frostbite. Alternatively, Cryocuff or Game-ready ice cuff can be used as per instructions.
- C.** Pain medication as needed every 4-6 hours (refer to pain medication sheet).
- D.** Make sure you have a physical therapy post-op appointment scheduled during the first week after surgery

First Post-Operative Day

- A.** Continue icing
- B.** Pain medication as needed.
- C.** You may remove surgical bandage and shower this evening. Apply regular bandages to these wounds prior to showering and when showering is complete apply fresh regular bandages. You will need to follow this routine for 2 weeks after surgery.

Second Post-Operative Day Until Return Visit

- A.** Continue ice pack as needed.
- B.** Unless otherwise noted, you can bear as much weight on the affected leg as you can tolerate. Most patients use crutches or a cane for the first 1-3 days. The amount of pain you experience should be your guide for discontinuing crutch or cane use.
- C.** If there is no brace on your leg, you may bend the knee as tolerated.
- D.** If you have a brace or a splint on your leg, this must be worn for all walking activities. The brace may be removed for showering. It may also be removed for short periods of time while relaxing (while watching television, reading, etc.) as long as the leg is well supported.
- E.** Call our office @ 646-501-7223 option 4, option 2 to confirm your first postoperative visit, which is usually about 1-2 weeks after surgery. If you are experiencing any problems, please call our office or contact us via the internet at www.newyorkortho.com.

Rehabilitation Protocol: Microfracture of the Femoral Condyle

Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____

Phase I (Weeks 0-6 weeks)

- **Weightbearing:** Using crutches:
 - Weeks 0-2 = non weightbearing
 - Weeks 3-4 = touchdown weightbearing
 - Weeks 5-6 = weightbearing as tolerated
- **Range of Motion** – Continuous Passive Motion (CPM) Machine for 6-8 hours per day for 6-8 weeks
 - Set CPM to 1 cycle per minute – starting at level of flexion that is comfortable
 - Advance 10° per day until full flexion is achieved
 - Passive Range of Motion and stretching under guidance of PT
- **Therapeutic Exercises**
 - Quadriceps/Hamstring isometrics
 - Straight leg raises
 - Heel slides
 - Four way leg lifts in standing with brace on for balance and hip strength
 - Patellar mobilizations
 - Begin pool activity at the start of week 5. Exercises may include gait drills (forward walk, march walk, skate step, step and balance) with depth of water at the level of the axilla. Deep water running, vertical kicking or biking can also be included.
- Cardiovascular exercise
 - Upper body circuit training or upper body ergometer
- Progression Criteria to Advance to Phase II
 - 6 weeks post-op
 - No effusion
 - Full knee extension

Phase II (Once criteria in Phase 1 are met)

- **Range of Motion** – Advance to full/painless ROM
- **Therapeutic Exercises**
 - Non impact balance and proprioceptive drills
 - Stationary bike
 - Gait Drills
 - Hip and core strengthening
 - Stretching for patient specific muscle imbalances
 - Quad strengthening – closed chain exercise short of 60 degrees knee flexion
 - Continue pool program – alternating days with land program
- **Cardiovascular Exercise**
 - Non-impact endurance training; stationary bike, Nordic track, swimming, deep water run, cross trainer
- **Progression Criteria to Advance to Phase III**
 - Normal gait on all surfaces
 - Full ROM

- No effusion
- Ability to carry out functional movement without unloading affected leg or pain, while demonstrating good control
- Single leg balance greater than 15 seconds



Phase III (begin after meeting Phase II criteria, about 3 months)

- **Suggested Therapeutic Exercises**
 - Impact control exercises beginning 2 feet to 2 feet, progressing from 1 foot to other and then 1 foot to the same foot
 - Movement control exercises beginning with low velocity, single plane activities and progressing to higher velocity, multi-plane activities
 - Sport/work specific balance and proprioceptive drills
 - Hip and core strengthening
 - Stretching for patient specific muscle imbalances
- Cardiovascular
 - Replicate sport or work specific energy demands
- Return to Sport/Work Criteria
 - Dynamic neuromuscular control with multi-plane activities, without pain or swelling

Comments:

Frequency: _____ **times per week**

Duration: _____ **weeks**

Signature: _____

Date: _____