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MICROFRACTURE OF KNEE
POST-OP ACTIVITY GUIDELINES – Gustavel

Phase 1: 0-2 weeks post-op		
Appointments:	<ul style="list-style-type: none"> -MD check & dressing/suture checked 7 days post-op -Physical therapy to begin 4-7 days post-op 	
Rehabilitation Precautions	<ul style="list-style-type: none"> -Patellar/trochlear groove lesions <ul style="list-style-type: none"> - Avoid knee flexion above 30 degrees -Knee brace 0-30 degrees -Weight bearing as tolerated (crutches) -Femoral condyle defects <ul style="list-style-type: none"> -Non-weight bearing (crutches) 	
Goals	<ol style="list-style-type: none"> 1. Protect the cartilage transfer 2. Ensure wound healing 3. Attain full knee extension 4. Gain knee flexion <ol style="list-style-type: none"> a. 30 degrees for patellar/trochlear groove lesions b. 90 degrees for femoral condyle defects 5. Decrease swelling 6. Promote quadriceps muscle strength 	
Treatment Strategies	Home Exercises	<ul style="list-style-type: none"> -Quad sets, short arc quads, heel slides -AROM: Gentle knee flexion -hamstring/quad stretching within ROM and pain guidelines, heel prop -Abdominal work: Transverse abdominus, obliques
	Clinic Exercises	<ul style="list-style-type: none"> -OKC knee extension, flexion, calf raises CKC-weight shifting progression per precautions, terminal knee extension -Core strengthening -Bike
	Patient Education	<ul style="list-style-type: none"> -Surgical procedure -WB status -ADLs -Wound care

Phase 2: 3-7 weeks post-op	
Appointments:	<ul style="list-style-type: none"> -MD check at 4-6 weeks postop and every 4-6 weeks thereafter -Physical therapy based on patient progress
Rehabilitation Precautions	<ul style="list-style-type: none"> -Patellar/trochlear groove lesions <ul style="list-style-type: none"> - Avoid knee flexion above 30 degrees

	<ul style="list-style-type: none"> -Knee brace 0-30 degrees -Progress to full weight bearing -Femoral condyle defects -Toe-Touch-weight bearing (crutches) for 6 weeks 	
Goals	<ol style="list-style-type: none"> 1. Protect the knee from overstress and allow healing 2. Regain full ROM 3. Begin muscle strengthening 	
Treatment Strategies	Home Exercises	<ul style="list-style-type: none"> -Quad sets, short arc quads, heel slides -AROM: Gentle knee flexion -SLR -Hamstring curl -Hip ABD -Standing toe raise -Sit to stand
	Clinic Exercises	<ul style="list-style-type: none"> -OKC knee extension, flexion, calf raises -Weight shifting progression -Balance/proprioception -Core strengthening -Bike -Aquatic therapy (optional)
	Patient Education	<ul style="list-style-type: none"> -WB status -Weight bearing: Be careful with spending too much time on feet or progressing too quickly -Watch symptom response to starting impact

Phase 3: 8-12 weeks post-op		
Appointments:	<ul style="list-style-type: none"> -MD check at 4-6 weeks postop and every 4-6 weeks thereafter -Physical therapy discharge per patient progress 	
Rehabilitation Precautions	<ul style="list-style-type: none"> -Patellar/trochlear groove lesions <ul style="list-style-type: none"> - Discontinue knee brace -Femoral condyle defects -Full weight bearing 	
Goals	<ol style="list-style-type: none"> 1. Normal Gait 2. Regain full ROM 3. Regain full muscle strength 	
Treatment Strategies	Home Exercises	<ul style="list-style-type: none"> -SLR -Short arc lift -Hamstring curl -Toe raises -Hip ABD -Wall slides -Sit to stand
	Clinic Exercises	<ul style="list-style-type: none"> -Bike -Progress to walk/jog program -Progress dynamic balance activities

		<ul style="list-style-type: none"> -Advance knee and core strengthening -Work on muscular endurance -Stretching for patient specific muscle imbalances -Sport specific drills once patient demonstrates good control with impact and multi-plane exercises and can tolerate running program -Cutting and agility (at end of 12 weeks) -Aquatic therapy (optional)
	Patient Education	<ul style="list-style-type: none"> -Watch symptom response to impact -Return to activities
Return to sport/work criteria	<ul style="list-style-type: none"> -Normal gait on all surfaces -Dynamic neuromuscular control with multi-plane activities without pain or swelling -Surgical leg is at least 85% compared to non-surgical side 	