



**ATTENTION PHYSICAL THERAPISTS—STRESS IMPORTANCE OF THE FOLLOWING:**

- Place patient in brown compression stocking (20-30 mmHg) at first PT appointment. Wear during daytime only and d/c at night—instruct patient/family member how to don/doff stocking
  - May discharge when no swelling or effusion- typically 3-4 weeks p/o
- Stress early knee extension. Should reach full knee ext by 2 weeks post-op.
- Stress no pillows under popliteal fossa. Always under calf/heel only to progress knee extension.

**REHABILITATION GUIDELINES  
MICROFRACTURE OF THE FEMUR AND TIBIA**

**DOS:**

	<b>WEIGHT BEARING</b>	<b>BRACE</b>	<b>ROM</b>	<b>EXERCISES</b>
<b>PHASE 1</b> 0-6 weeks	Non-WB	<b>0-6 weeks:</b> Locked in extension at all times  Off for exercise only	<b>0-6 wks:</b> Full	<b>0-2 wks:</b> Quad sets, SLR, calf pumps, passive leg hangs to 90 degrees at home  <b>2-6 wks:</b> PROM/AAROM to tol., patella and tibiofibular joint mobs, quad, hamstring, and glut sets, SLR, side-lying hip and core, scar mobs 4-6 weeks when adequate healing
<b>PHASE 2</b> 6-8 weeks	Advance 25% until full	None	Full	Advance Phase 1 exercises
<b>PHASE 3</b> 8-12 weeks	Full	None	Full	Gait training, being closed-chain activities: wall sits, shuttle, mini-squats, toe raises  Begin unilateral stance activities, balance training
<b>PHASE 4</b> 12 weeks- 6 months	Full	None	Full	Advance Phase 3 exercises; maximize core/glutes, pelvic stability work, eccentric hamstrings  May advance to elliptical, bike, pool as tolerated.
<b>PHASE 5</b> 6-12 months	Full	None	Full	Advance functional activity  Return to sport-specific activity and impact when cleared by MD after 8 months