

## POST-OPERATIVE TROCHLEA MICROFRACTURE REHABILITATION PROTOCOL

- Ensure patient achieves milestone prior to progression.
- Return to contact sports approximately 20 weeks post-op
- Return to gentle non-contact, non-competitive sports at physiotherapist's discretion but must be over 16 weeks post-op
- Any problems during rehabilitation please contact your physiotherapist or your Consultant Secretary.

WEEK	RANGE OF MOVEMENT	MOBILITY	TREATMENT	MILESTONE TO PROGRESS
Day of surgery	Locked hinged brace (0°) for 24 hours. Set brace at 0°-30° to be unlocked following day.	Weight-bear to comfort with ECs in locked hinged brace	<ul style="list-style-type: none"> <li>• Use of ice and elevation</li> <li>• Ensure adequate pain relief</li> <li>• Teach <b>passive</b> ROM exercises to commence day following surgery</li> <li>• Static quads</li> <li>• SLR</li> <li>• Circulatory exercises</li> <li>• Teach adjustment of brace</li> </ul>	<ul style="list-style-type: none"> <li>• No post-operative complications</li> <li>• Independent mobility with ECs</li> <li>• Good understanding of brace use</li> <li>• Good understanding of home exercise programme</li> </ul>

WEEK	RANGE OF MOVEMENT	MOBILITY	TREATMENT	MILESTONE TO PROGRESS
<b>Week 1-4</b>	Brace to limit <b>ACTIVE</b> ROM 0°-30° Full <b>PASSIVE</b> ROM	Progress as able to full WB with no walking aids. Brace unlocked and set at 0°- 30° for mobilising	<ul style="list-style-type: none"> <li>• Continue ice and elevation</li> <li>• Ensure adequate pain relief</li> <li>• Hourly PROM flexn/extn exs in prone/sitting using unaffected leg for support</li> <li>• Heel props</li> <li>• Extension mobilisations if required</li> <li>• Static Qs/SLRs</li> <li>• Early VMO</li> <li>• Gluteal strengthening</li> <li>• Proprioception exs</li> </ul>	<ul style="list-style-type: none"> <li>• Minimal pain</li> <li>• Full range extension</li> <li>• SLR with no lag</li> </ul>
<b>Weeks 4-6</b>	As above	FWB with no walking aids Brace 0°-30°	<ul style="list-style-type: none"> <li>• Continue cryotherapy as required</li> <li>• Continue regular PROM exs</li> <li>• SLRs with resistance</li> <li>• Isometric, co-contraction quads/hams at 30°</li> <li>• CKC quads/hams 0°- 30°</li> <li>• VMO/Gluteal strengthening</li> <li>• Hydrotherapy if appropriate</li> <li>• Proprioception exs</li> </ul>	<ul style="list-style-type: none"> <li>• No pain</li> <li>• Minimal/no effusion</li> <li>• SLR x 10 with no lag</li> </ul>
<b>Weeks 6-12</b>	No limit to AROM	FWB, no walking aids, discard brace	<ul style="list-style-type: none"> <li>• Exs bike with increasing resistance</li> <li>• Treadmill walking</li> <li>• Step ups/cross trainer/rower</li> <li>• OKC hams</li> <li>• OKC quads avoiding range at which lesion engaged</li> <li>• Squats, lunges</li> </ul>	<ul style="list-style-type: none"> <li>• No pain</li> <li>• No effusion</li> <li>• Normal gait pattern</li> </ul>

WEEK	RANGE OF MOVEMENT	MOBILITY	TREATMENT	MILESTONE TO PROGRESS
<b>Weeks 12-16</b>	Full AROM	FWB	<ul style="list-style-type: none"> <li>• Progress strength training – no limits</li> <li>• Treadmill – commence light jogging and progress as symptoms allow</li> <li>• Progress to early change of direction running</li> <li>• Plyometrics</li> </ul>	<ul style="list-style-type: none"> <li>• No pain</li> <li>• No activity related swelling</li> <li>• Normal running pattern</li> </ul>
<b>Weeks 16-20</b>			<ul style="list-style-type: none"> <li>• Agility/cutting/twisting</li> <li>• Sport specific</li> </ul>	<ul style="list-style-type: none"> <li>• Symptom free sports specific training</li> </ul>
<b>From week 20 onwards</b>			<ul style="list-style-type: none"> <li>• Return to full competitive sport</li> </ul>	<ul style="list-style-type: none"> <li>• Fully fit for demands of specific sport</li> </ul>

## References:

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