

Rehabilitation Protocol: Microfracture/DeNovo

Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____

Phase I (Weeks 1-2)

- **Goals**
 - Control pain and swelling
 - ADL (activities of daily living)
- **Guidelines**
 - NWB (non-weightbearing)
 - Elevate to control swelling
 - AROM hip and knee
 - Sutures dissolved/removed @ 10-14 days
 - ADL

Phase II (Weeks 3-6)

- **Goals**
 - Normal gait
- **Guidelines**
 - NWB for a total of 4-6 weeks (depending on discretion of surgeon)
 - Begin physical therapy at week 3
 - Start ankle AROM (active range of motion)/PROM (passive range of motion)

Phase III (Weeks 6-10)

- **Goals**
 - Full ROM (range of motion)
 - Full strength and endurance
 - Good proprioception
- **Guidelines**
 - Wean from boot as tolerated
 - Massage for edema
 - AROM in all directions
 - NWB
 - WB ROM as tolerated
 - Gait retraining
 - Manual mobilization if required
 - Strengthening
 - Ankle
 - Theraband resisted training in all directions
 - Progress to WB exercises as tolerated
 - Toe raises
 - Inversion/eversion on wobble board or fitter



- Proprioception retraining
- Dynamic training
 - Hopping
 - Skipping
 - Running
- Progress to plyometrics

Phase IV (Week 10+)

- **Goals**
 - Return to work and/or activity
- **Guidelines**
 - Full activity as tolerated
 - Work or sport specific retraining

Comments:

Frequency: ____ times per week

Duration: ____ weeks

Signature: _____

Date: _____

