

# Neofitos Stefanides, M.D., P.C.

neostefanidesMD@yahoo.com

44-01 Francis Lewis Blvd L3B  
Bayside, NY 11361  
Ph: 718.989.8515  
Fax: 718.626.0102

1205 Franklin Avenue Suite 150  
Garden City, NY 11530  
Ph: 718.989.8515  
Fax: 718.626.0102

30-74 31st st. 2nd fl.  
Astoria, NY 11102  
Ph: 718.989.8515  
Fax: 718.626.0102

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Diagnosis: \_\_\_\_\_ Date of Surgery: \_\_\_\_\_

## Rehabilitation Protocol: Microfracture of the Femoral Condyle

### Phase I (Weeks 0-8)

**Weightbearing:** Touchdown weightbearing (20-30% of body weight max) for 6-8 weeks – No Bracing Required

**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
- Heel slides

### Phase II (Weeks 8-12)

**Weightbearing:** Advance to full weightbearing as tolerated -- discontinue crutch use

**Range of Motion** – Advance to full/painless ROM

#### Therapeutic Exercises

- Closed chain extension exercises
- Hamstring curls
- Toe raises
- Balance exercises
- Begin use of the stationary bicycle/elliptical

### Phase III (Months 3-6)

**Weightbearing:** Full weightbearing

**Range of Motion** – Full/Painless ROM

#### Therapeutic Exercises

- Advance closed chain strengthening exercises, proprioception activities
- Sport-specific rehabilitation

Gradual return to athletic activity as tolerated – including jumping/cutting/pivoting sports

Maintenance program for strength and endurance.