

WEEK	RANGE OF MOVEMENT	MOBILITY	REHABILITATION EXERCISES	GOALS BEFORE PROGRESSION
In-patient 0-3 Days	Immediate CPM, if available. PROM and CPM setting as tolerated. Apply for 6-8 hours within a 24-hour period.	Touch weight bearing, (10-15 kg) with EC and splint.	Cryotherapy SQ SLR (if no lag or with splint insitu) Passive ROM exercises/ mobilisations EOR extension mobilisations Calf/ Gluteal--> circ. ex.	<ul style="list-style-type: none"> ┌ Independent mobility ┌ Good understanding of post-operative rehabilitation ┌ No complications following surgery
From discharge home	No limit to passive movement. (NB. No Active Quads/ Hams <i>through range</i>).		Continue/ progress above Active Add./ Abductors, adding resistance as tolerated SLR in prone Early VMO Early proprioception Upper body Contralateral leg Flexibility Unicam bike, passive setting Hydrotherapy	<ul style="list-style-type: none"> ┌ Minimal pain ┌ Full passive extension ┌ SLR no lag
From Week 4	Active movement limited to range that does not engage lesion in CKC/ Partial weight bearing.	Partial weight bearing, (1/2 body wt.) with EC and no splint.	Isometric, Co-contraction, CKC Quads/ Hams. at varying angles that do not engage the lesion. Hydrotherapy Early plyometrics	<ul style="list-style-type: none"> ┌ Good co-contractive muscle control ┌ Pain free ┌ Minimal effusion

KEY:

circ. ex. Circulatory exercises

CKC Closed Kinetic Chain

CPM Continuous Passive Movement machine

E Extension

EC Elbow Crutches

EOR End of Range

F Flexion

Hams Hamstrings

OKC Open Kinetic Chain

PWB Partial Weight Bearing

PROM Passive Range of Movement

Quads Quadriceps

SLR Straight Leg Raises

SQ Static Quadriceps

VMO Vastus Medialis Oblique

References:
Irrgang JJ, Pezzullo D: Rehabilitation following surgical procedures to address articular cartilage lesions in the knee. JOSPT 28 (4): 232-240, 1998

McGinty G, Irrgang JJ, Pezzullo D: Biomechanical considerations for rehabilitation of the knee. Clinical Biomechanics 15: 160-166, 2000

Steadman RJ, Rodkey WG, Briggs K: Microfracture to treat full-thickness chondral defects. The Journal of

From Week 6	No limit to active movement.	Full weight bearing if tolerated.	Progress above OKC Quads/ Hams Add resistance as tolerated and indicated for specific sport/ activities	<ul style="list-style-type: none"> ┌ Normal independent gait pattern ┌ Quads and Hams strength at least 80% to that of contralateral leg ┌ No effusion ┌ No pain ┌ No mechanical symptoms
From Week 8			Treadmill light interval jogging on a sprung surface. Gradually progress duration and pace as symptoms allow. NB. Smaller lesion sites may progress quicker than larger sites. Use clinical judgement.	<ul style="list-style-type: none"> ┌ No effusion ┌ No pain ┌ No mechanical symptoms ┌ No altered jogging pattern (limp) with respect to fatigue
From Week 12			Agility/ cutting/ twisting/ turning Sport specific	<ul style="list-style-type: none"> ┌ No effusion ┌ No pain ┌ No mechanical symptoms
From Week 14-16			Return to sport	<ul style="list-style-type: none"> ┌ No effusion ┌ No pain ┌ No mechanical symptoms ┌ Fully fit for demands of specific sport