



# Bay Area Orthopedic Surgery and Sports Medicine

100 Hospital Drive  
Suite 303  
Vallejo, CA 94589  
Ph: 707-645-7210 Fax: 707-645-7249  
[www.baosurgery.com](http://www.baosurgery.com)

## **Teodoro P. Nissen, MD**

*Fellowship Trained  
Sports Medicine and Sports Trauma  
Reconstructive Joint Surgery*

## **Elizabeth J. Milne, MHS, PA-C**

*Physician Assistant – Certified  
Orthopedics and Pain Management*

## **Associate Physicians:**

### **Alicia Knee D.P.M.**

*Board Certified Podiatrist  
Foot and Ankle Reconstruction*

## **Post-op Physical Therapy Protocol for Knee Microfracture**

### **Stage 1: Nonweight bearing/partial weight bearing (0-6 weeks)**

Depending on location of lesion, patient will be partial or nonweight bearing as follows:

- Osteochondral lesion of patella-femoral joint and of the trochlea: brace locked at 0-30 degrees to allow weight bearing in limited range.
- Osteochondral lesion of medial or lateral femoral condyle: nonweight bearing X6 weeks.
- During stage 1, patient is cleared for full active and passive ROM of the knee in nonweight bearing position. Exercises are begun post-op day #1.
- Emphasis of PT in Stage 1 is edema and pain reduction, active and passive ROM, gait training as needed.

### **Stage 2: Weight Bearing**

- At 6 weeks post-op patient can d/c splint and begin partial weight bearing, advance to full weight bearing as tolerated.
- Emphasis of PT treatment at this stage is gait training, continued efforts at ROM, can begin light strengthening and progress as tolerated.

### **Stage 3: Return to activities**

- Children (under 18) with open growth plates, return to sports activity only after bone scan shows consolidation of OCD lesion.
- Adults can return to sports activities once strength and ROM are adequate.