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REHABILITATION PROTOCOL FOLLOWING TROCHLEA MICROFRACTURE

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 Jo Armstrong at Wrightington Physiotherapy Department 01257 256533

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"> • Use of ice and elevation • Ensure adequate pain relief • Teach passive ROM exercises to commence day following surgery • Static quads • SLR • Circulatory exercises • Teach adjustment of brace 	<ul style="list-style-type: none"> • No post-operative complications • Independent mobility with ECs • Good understanding of brace use • Good understanding of home exercise programme
Week 1-4	Brace to limit ACTIVE ROM 0°-30° Full PASSIVE 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"> • Continue ice and elevation • Ensure adequate pain relief • Hourly PROM flexn/extn exs in prone/sitting using unaffected leg for support • Heel props • Extension mobilisations if required • Static Qs/SLRs • Early VMO • Gluteal strengthening • Proprioception exs 	<ul style="list-style-type: none"> • Minimal pain • Full range extension • SLR with no lag

Weeks 4-6	As above	FWB with no walking aids Brace 0°-30°	<ul style="list-style-type: none"> • Continue cryotherapy as required • Continue regular PROM exs • SLRs with resistance • Isometric, co-contraction quads/hams at 30° • CKC quads/hams 0°- 30° • VMO/Gluteal strengthening • Hydrotherapy if appropriate • Proprioception exs 	<ul style="list-style-type: none"> • No pain • Minimal/no effusion • SLR x 10 with no lag
Weeks 6-12	No limit to AROM	FWB, no walking aids, discard brace	<ul style="list-style-type: none"> • Exs bike with increasing resistance • Treadmill walking • Step ups/cross trainer/rower • OKC hams • OKC quads avoiding range at which lesion engaged • Squats, lunges 	<ul style="list-style-type: none"> • No pain • No effusion • Normal gait pattern
Weeks 12-16	Full AROM	FWB	<ul style="list-style-type: none"> • Progress strength training – no limits • Treadmill – commence light jogging and progress as symptoms allow • Progress to early change of direction running • Plyometrics 	<ul style="list-style-type: none"> • No pain • No activity related swelling • Normal running pattern
Weeks 16-20			<ul style="list-style-type: none"> • Agility/cutting/twisting • Sport specific 	<ul style="list-style-type: none"> • Symptom free sports specific training
From week 20 onwards			<ul style="list-style-type: none"> • Return to full competitive sport 	<ul style="list-style-type: none"> • Fully fit for demands of specific sport

References

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