LAKESHORE
BONE & JOINT INSTITUTE
ORTHOPEDIC EXCELLENCE. KEEPING YOU IN MOTION.

Neel P. Jain, MD
Orthopedic Surgery
Sports Medicine
Direct Line (219) 250 - 5038
Fax (219) 250 - 5238

Microfracture of Femoral Condyle

Name _____ **Date** _____

Procedure _____

Procedure Date _____

Frequency 1 2 3 4 5 times/week **Duration** 1 2 3 4 5 6 weeks

FIRST THERAPY VISIT

- Therapy appointment should be scheduled for 3-5 days postoperatively.
- Goals of therapy visit include:
  - Surgical site evaluation (see below for instructions)
  - Brace/sling education and adjustment as needed
  - Review of therapy protocol, expectations, and plan
  - Initiation of early phase therapy ONLY if applicable (follow protocol as outlined below)
- Surgical site evaluation
  - Incisions are closed with one or combination of below methods
    - Staples
    - Nylon sutures (black sutures)
    - Monocryl sutures covered with steristrips or glue
    - Prineo dressing (clear adherent glue dressing)
  - Anytime the dressing is changed or examined, ***please wash hands*** prior with antibacterial soap.
  - There will be gauze and padding over the incisions and the extremity may be wrapped with an ACE wrap. The surgical dressing should be changed by the therapist using ***sterile*** technique. This includes sterile field, sterile gloves, betadine or chlorhexidine skin cleanser and sterile supplies when redressing the wounds. Do NOT remove steri-strips or glue dressing. DO NOT remove sutures or staples. The new dressing should include dry gauze and ACE wrap. Before the new dressing is applied the wounds should be clean and dry (without removing steri strips or glue dressing). Please do not use tegaderm unless it was used at the time of surgery or if specifically stated on the orders. If there are any concerns with the incisions or dressings, the therapist should call the office immediately – (219) 250-5038.
  - Unless otherwise instructed, incisions must remain dry for 7 days. They must be sealed off in the shower. The Prineo dressing/glue dressing is water resistant, and incisions covered by this dressing may get wet after 3-5 days. Once you are permitted to get the incisions wet, warm soapy water should *gently* rinse the surgical area. Do NOT scrub the area. Pat the area dry with a clean towel and keep free of lotions or creams. Do NOT soak in a pool, bath or hot tub until permitted by the surgeon's office. Please wear clean clothes following shower and be conscious of any pet hair or other contaminants near the surgical area. Do not apply any ointments or medications to the area.

*****Range of motion is an important progression of therapy, but limiting swelling is important. Respecting swelling will decrease pain and improve motion.*****

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	WEIGHT BEARING	**BRACE**	**ROM**	**THERAPEUTIC EXERCISE**
PHASE I 0-6 weeks	NWB	For protection and caution patient to abide restrictions	CPM 6-8 hours daily – begin at comfortable level of flexion and increase 10 degrees daily until full ROM	PROM, quad/hamstring isometrics Swelling Control: RICE
PHASE II 6-12 weeks	Gradual return to FWB	None	Full and pain free	Bike ROM, begin OKC quad strengthening with gradual progression to CKC
PHASE III 3+ months	Full	None	Full and pain free	Advanced closed chain strengthening, proprioception exercises, return to full activity, sport specific drills (plyometrics, start running progression, cutting, etc.)

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Comments:

FCE _____ Work Conditioning/Work Hardening_____ Teach HEP_____

Every patient's therapy progression will vary to a degree depending on many factors. Please use your best clinical judgment on advancing a patient. If other ideas are considered to improve patient's outcome do not hesitate to call.

Patient's recovery is a team approach: Patient, family/friend support, therapist, and surgeon. Every team member plays an important role in recovery.

Signature_____ **Date** _____