

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"> <li>┌ Independent mobility</li> <li>┌ Good understanding of post-operative rehabilitation</li> <li>┌ No complications following surgery</li> </ul>
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"> <li>┌ Minimal pain</li> <li>┌ Full passive extension</li> <li>┌ SLR no lag</li> </ul>
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"> <li>┌ Good co-contractive muscle control</li> <li>┌ Pain free</li> <li>┌ Minimal effusion</li> </ul>

**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"> <li>┌ Normal independent gait pattern</li> <li>┌ Quads and Hams strength at least 80% to that of contralateral leg</li> <li>┌ No effusion</li> <li>┌ No pain</li> <li>┌ No mechanical symptoms</li> </ul>
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"> <li>┌ No effusion</li> <li>┌ No pain</li> <li>┌ No mechanical symptoms</li> <li>┌ No altered jogging pattern (limp) with respect to fatigue</li> </ul>
From Week 12			Agility/ cutting/ twisting/ turning Sport specific	<ul style="list-style-type: none"> <li>┌ No effusion</li> <li>┌ No pain</li> <li>┌ No mechanical symptoms</li> </ul>
From Week 14-16			Return to sport	<ul style="list-style-type: none"> <li>┌ No effusion</li> <li>┌ No pain</li> <li>┌ No mechanical symptoms</li> <li>┌ Fully fit for demands of specific sport</li> </ul>