

# Physiotherapy Protocol

## Maci – Femoral Condyles

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### 1-3 WEEKS:

Motion: Progress from 20° to 60° dependant on location and size of lesion.

Bracing: Full extension or motion limited brace with 20° range of motion.

Weight Bearing: 20% weight bear depending on size/location of lesion.

Ambulation: 2 Crutches toe touch.

Strengthening: Isometric quadriceps to maintain tone and VMO function.

### 3-6 WEEKS:

Motion: To 90° or as tolerated.

Bracing: Motion limited brace with up to 60 degrees range of motion.

Weight Bearing: Partial weight bearing (progress 20% to 60%)

Ambulation: 2 Crutches, toe touch to partial weight bearing.

Strengthening: Closed chain, partial weight bearing exercises, non-restrictive cycling.6-8 WEEKS:

### 6-8 WEEKS:

Motion: Full range of motion.

Bracing: When Ambulating.

Weight Bearing: Progress from partial weight bearing to full weight bearing.

Ambulation: without aids indoor, suggested crutches for outdoor.

Strengthening: Cycling, closed chain quadriceps, walking.12 WEEKS -6 MONTHS:

## **12 WEEKS-6 MONTHS:**

Motion: Full range of motion.

Bracing: When required, i.e uneven ground/lifting weight.

Weight bearing: Full weight bear, no aids.

Ambulation: Without pain and without aids.

Strengthening: Cycling, straight leg raise, walking.

## **6-12 MONTHS:**

- Graded increase in stresses with maturation and hardening of the chondral repair.
- Soft sand walking, light jogging, increasing to forward, backward, sidesteps and change of direction as well as proprioceptive exercises.
- Return to competitive sport suggested at one year.
- Return to work can occur as early as 3 weeks depending on demands of job. 3 weeks would be sedentary office work.