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Notes:

CV Exercise: Biking, TM walking, retrowalking on TM, swimming

Criterion for Progression:

- 1) Minimal to no effusion/edema
- 2) ROM equal to opposite LE
- 3) Full patellar mobility
- 4) Ambulate on level surfaces with normal gait

Phase III – Tissue Remodeling/Hypertrophy Phase (12-24 weeks)

Goals: 1) Normalize eccentric quad control

- 2) Strength progression
- 3) Begin sport specific agility drills

ROM: PRN

Exercise: Advanced Strength/Proprioception/Balance

Full squat to 90 degrees (as tolerated) ^{12,25,26,37,38} SL Squat to 60 degrees (as tolerated) ^{12,25,26,37,38}

Initiate jogging progression

CV Exercise: Outdoor walking/hiking

Swimming

Criterion for Progression:

- 1) No pain or edema/effusion
- 2) Full ROM
- 3)20 reps to 60 degrees single limb squat with eccentric control and good lower extremity alignment
- **4) Quad strength >80% of uninvolved LE** (10RM single leg press or isokinetically if available)

Phase IV – Sport Specific Training (6 months +) –if desired by pt and cleared by MD

Goals: 1) Begin sport specific drills

- 2) Normalize neuromuscular control
- 3) Normalize jumping/landing mechanics if indicated
- 4) Prepare for return to sport

Exercise: Advance agility progression

Begin plyometric progression

Jogging progression/sport-specific training

<u>Criterion for Return to Sport:</u> (Recommend combination testing of strength, agility, and power according to available resources/clinic setting)

- 1) No pain or swelling
- 2) Hop Tests Single Hop, X-Hop, Triple Hop, Timed Hop >=85% uninvolved
- 3) Single leg squat to 60 degrees knee flexion with good control for 3 minutes
- 4) Quad strength > 90% of uninvolved (10RM leg press or isokinetic testing)
- 5) IKDC (MCID 6.3@ 6mo; 16.7 @ 12 mo)



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ſ	Weight Pearing	Microfracture (Patellofemoral Joint)			
	Weight Bearing	Phase I – Tissue Protection/Healing Phase (0-8 weeks)			
	□NWB x wks		Goals: 1) Reduce pain and effusion		
	□TDWB xwks/days	duais.	2) Facilitate new cartilage formation		
	□ PWB% xwks		3) Minimize scar adhesion formation		
	□WBAT		-		
	☐ Brace Locked in Ext x wks		4) Improve kn		
			5) Facilitate q	uadriceps activation	
			ROM:	PROM/AAROM/AROM ⁶	
	ROM			Bike: Rocking to full revolution as ROM allows	
			Exercise:	Quad Isometrics ²¹	
	☐ Full ROM		Excicise.	SLR – 4 way (flex/abd/ext/add) 5,20,26,31	
	☐ Locked full ext xwks			Clamshells ³¹	
	□Locked at° xwks			Hamstring isometrics	
	ROM limits		Manual:	Patella Mobilizations ^{1,9,10,15,22}	
	° to° xwks		ivialiual.	Patellar tendon Mobilizations ^{1,9,10,15,22}	
	° to° xwks				
	° to° xwks		8.6 - J. 1919	Extension with Overpressure ^{9,10,22,24}	
	° to° xwks		Modalities:	Functional Electrical Stimulation ³³⁻³⁵	
				Biofeedback ⁴²	
	CDM			Cryotherapy ^{3,4,19,28,43}	
	СРМ	Critori	ion for Progres	ccion	
	☐° to° xwks	Criteri			
	□ 30-70° û 10°/d @ dir		•	quadriceps isometric contraction	
	□None		•	or lag with SLR	
				ellar mobility	
	[]		-	I full knee extension equaling opposite LE to	
	☐ Recommended Clinical		functional knee flexion		
	Guidelines				
	WB: TDWB x 2 weeks		Phase II – Tissue Proliferation Phase/Progression Phase (9-12 weeks)		
	WBAT weeks 3-8(brace locked in ext)	Goals:	1) Pain and ed		
	locked in exty		2) Maximize knee ROM		
	ROM: CPM or AROM 4-8		3) Strength progression – develop functional quad control		
	hours/day x 6-8 weeks		4) Achieve normal gait		
			ROM:	PROM/AAROM/AROM ⁶	
				Bike for ROM	
			Exercise:	Gait retraining/Cone walking ²⁴	
	□Precautions			Squats /Leg Press (60-0 degrees) 10,12,22,25,27,36,38	
				Closed chain Terminal Knee Extension (30-0) 12,16,25,26,37,38	
				LAQ OKC (90-40) ^{12,16,25,26,37,38}	
				Calf raises	
				Weight Shifting/Balance/ Perturbation Training ^{7,8,27}	
				Bridging progression	
				Step ups, Step Downs, Lateral Step Downs ^{8,9,10,12,25,38}	
			Manual:	Scar mobilization ^{1,2,9,10,15,22}	
				Patellar mobilization ^{1,2,9,10,15,22}	
			Modalities:	Continue PRN	