

TIBIAL PLATEAU FRACTURE ORIF PT PROTOCOL

	BRACE INSTRUCTIONS AND RESTRICTIONS	RANGE OF MOTION GOALS	PT EXERCISES/NOTES
PHASE 1 First 2 Weeks (0-2) 1-2 Sessions/week Begin after 5-7 days	-Hinge Knee brace x 8 weeks (may remove for shower/hygiene) -Brace locked in extension with ambulation and sleeping at 0 degrees -Unlock brace when seated for 0 to 30 degrees range of motion -Crutches or walker for assisted ambulation -Touch down weight bearing in brace locked at 0 degrees	-Begin PROM/AAROM/AROM when seated 0 to 30 degrees	-Begin patellar mobilization, pain/edema control, passive/active ROM exercises -Strengthening to include ankle pumps, quad sets, straight leg raise -Consider NMES as needed
PHASE 2 Next 4 Weeks (2-6) 2 Sessions/week	-Hinge Knee brace x 8 weeks (may remove for shower/hygiene) -May unlock brace with ambulation at 2 weeks -Crutches or walker for assisted ambulation -Touch down weight bearing in brace	- Progress PROM/AAROM/AROM when seated 0 to 90 degrees (Goal of 60 degrees knee flexion by 4 weeks , Goal of 90 degrees knee flexion by 6 weeks)	-Continue phase 1 exercises -Begin isometric quad exercises and add knee extension stretches, heel raises -Side lying hip/core strengthening -Consider NMES and add Blood Flow Restriction as needed

<p>PHASE 3 Next 4 Weeks (6-10) 2 Sessions/week</p>	<p>-Continue touch down weight bearing -Progress to full weight bearing as tolerated at 8 weeks -Discontinue walker, cane, or crutches as able at 9 weeks -Discontinue brace at 10 weeks</p>	<p>-Continue to advance PROM/AAROM/AROM to reach full ROM</p>	<p>-Continue phase 2 exercises and add closed chain exercises, hamstring work, lunges, seated leg press 0 to 90 degrees, proprioception exercises, balance/core/hip/glutes, -Daily stretching including prone quadriceps, hamstrings, and calf -Stationary bike to increase ROM at 8 weeks</p>
<p>PHASE 4 Next 6 Weeks (10-16) 1-2 Sessions/week</p>		<p>-Continue to advance PROM/AAROM/AROM to reach full ROM</p>	<p>-Continue phase 3 exercises and add squat to chair, seated leg press, step-up/step-down, single leg wall slides, single leg squat to chair -Progress proprioceptive activities -May begin plyometric exercises at 12 weeks (low intensity vertical and lateral hopping to begin – initially both feet, progress to one foot; advance volume as tolerated) -Begin use of conventional exercise equipment (start with light weight and high rep/sets, progress to short reps/sets and high weight) -Stationary bike add resistance as tolerated</p>

<p>PHASE 5 16 Weeks+ Session frequency to be determined</p>			<ul style="list-style-type: none"> -Continue phase 4 exercises -Progress to advanced functional goals including running, sprinting, jumping, and sport-specific activity -Advance agility exercises, plyometrics, running activities as appropriate -May begin plyometric exercises at 16 weeks (low intensity vertical and lateral hopping to begin - initially both feet, progress to one foot; advance volume as tolerated) -Begin use of conventional exercise equipment (start with light weight and high rep/sets, progress to short reps/sets and high weight) -Return to sport at 5 to 6 months
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This protocol is intended for the purposes of guiding post-surgical or post-injury rehabilitation exercises and goals. These guidelines may be interpreted by a certified physical or occupation therapist and tailored to meet patient specific goals and expectations. Other specific modifications may be made by Dr. Butterfield depending on adjuvant surgical procedures, surgical findings, or rehabilitation progress.

Please fax initial physical therapy assessment and progress notes to Dr. Butterfield at 763-786-3320. You may direct questions regarding this protocol or patient progress to our office at 763-786-9543 or email at MatthewButterfield@tcomn.com