

Tibial Plateau Fracture ORIF Rehabilitation Protocol

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Procedure: ORIF Tibial Plateau
PT Frequency: 2-4 times per week
ROM Restrictions: 0-90 (Passive, Active assist) x 6 weeks
Brace: Locked in full extension x 6 weeks
Weightbearing: NWB x 6 weeks, then PWB (25% with progression to full WBAT at 8 weeks)

PHASE I (Weeks 0 - 6):

- Weightbearing: Non-Weightbearing (NWB) x 6 weeks with crutches and brace
- Brace: Worn at all times locked in full extension. Ok to remove for hygiene and exercises.
- Range of Motion: 0-90° with emphasis on full extension
- Home Exercises: Quad sets with brace locked at 0°, calf/ankle pumps
 - 2 weeks: Begin floor-based core, hip and glutes work and patellar mobilization and SLR, Progress non-weight bearing flexibility, modalities

Phase II (Weeks 6 – 8)

- Weightbearing: Begin progression to partial weightbearing (25% then 50%) with goal of weightbearing as tolerated (WBAT) with crutches and brace by 8 weeks
 - o Discontinue crutches when gait normalized and non-antalgic
 - Discontinue brace once fully WBAT without crutches
- **Brace**: Unlocked, off at night, for hygiene and exercises
 - Discontinue after 6-8 weeks when WB comfortably
- Range of Motion: Full unlimited active/passive ROM
- Exercises:
 - o PROM/AAROM to tolerance, patella and tibiofibular joint mobs
 - o Begin stationary bike as tolerated after 6 weeks
 - o Advance closed chain quads, progress balance
 - Core/pelvic and stability work
 - Begin stationary bike at 6 weeks
 - Advance SLR, floor-based exercise; hip/core

Phase III (Weeks 8 – 16)

- Weightbearing: Full WBAT
- Hinged Knee Brace: None
- Range of Motion: Full
- Exercises:
 - Progress closed chain activities
 - Progress flexibility/strengthening
 - Progression of functional balance, core, glutes program
 - o Advance bike, add elliptical at 12 weeks as tolerated. Swimming okay at 12 weeks

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Phase IV (Weeks 16+)

• **Exercises:** Advance Phase IV activity. Progress to functional training, including impact activity after 20 weeks when cleared by MD.

Exercise	Week 1 2 3 4 5 6 7 8 9 10 12 16 20 24												
Initial Exercises:	1												
ROM Goals	0-90° 0-125°					Progress to full							
Flexion/extension, heel slides/seated													
Patella/Tendon mobilization													
Quad Series	0° ISO)s, S	SLR		60° I	SO)-30° esisted	Fu	III arc	resis	ted
Hamstring series/strength progression	ISOS,	hip	based	K	inee-ba	ased r arc	esiste	d					
Sit and reach for hamstrings													
Ankle Pumps													
Crutch weaning		Ν	IWE	3			WBA / 8 wee		ress to				
Heel prop knee extension stretch							/ •						
SLR (w/ brace until quad control restored)													
Toe and heel raises													
Balance series													
Weight-bearing Strength Exercises:	1 2	2	3	4 5	5	6	7	В	9 10	12	16	20	24
Double knee bends													
Leg Bridges (2 → 1 leg)]												
Begin cord exercises													
Leg press (ISO →reps, 2 → 1 leg)		IWE	3										
Reverse lunge- static hold													
Dead Lift (2 →1 leg)													
Sports Test exercises													
Cardiovascular Exercises:	1 2	2	3	4 5	5	6	7	В	9 10	12	16	20	24
Bike with both legs-no resistance													
Bike with both legs- resistance													
Aqua jogging													
Treadmill-walking (no limp)		N	IWE	3									
Swimming with fins-light flutter kick		-		-									
Elliptical Trainer													
Stair stepper													
*Cardio Exercises	Must	tole	rate o	daily w	alking	g with	no li	mp &	no sig	Inifica	int inc	rease	e in
Agility Exercises:	pain/s		lling 3	prior to		ating 6			9 10	, ellipi 12	16	20	er) 24
Running Progression	1 2	2	5	4	5	0	/	5	9 10	IZ	10	20	24
Initial-Single Plane		_		_	_								
Advance-Multi Directional	-	IWE	3	F									
Functional Sports Test	-				_								
High Level Activities:	1 2	2	3	4 5	5	6	7	8	9 10	12	16	20	24
Golf Progression			~		-	<u> </u>	<u> </u>	-	- 10				
Outdoor biking, hiking, running	1	N	IWE	2									
Return to Full Sport at 6-8 months post-op	1	- • • L		┢									

Adapted from post-operative protocol by Dr. Jorge Chahla created by Howard Head Physical Therapy, Jill Monson, PT, OCS and Jon Schoenecker, PT, OCS, CSCS