

Jared T. Lee, MD

Hip, Knee, Shoulder & Sports Medicine Surgery

The Steadman Clinic – Aspen & Basalt

Team Phone: 970-718-0920

**TIBIAL PLATEAU ORIF REHABILITATION PROTOCOL**

Phase	Restrictions	Therapeutic Exercises
<p>Phase 1: Weeks 0-2</p> <p>Goals: Reduce swelling and edema, minimize pain, retard muscle atrophy, protect the surgical repair, range of motion restoration</p>	<ul style="list-style-type: none">-Flat Foot Touch Down Weight Bearing x 6 weeks-Range of motion 0-90 degrees-T-Scope and Crutches to be worn at all times-Focus on knee extension to equal 0 degrees at 2 weeks after surgery	<ul style="list-style-type: none">-PROM, AROM, AAROM 0-90 degrees-Edema Control-Pain management-Patellar glides in all directions-Quad sets, straight leg raises, hip ab/adduction strengthening-Hamstring and calf stretching-Ankle pumps, full ankle range of motion- Modalities PRN
<p>Phase 2: Weeks 3-6</p> <p>Goals: Reduce swelling and edema, minimize pain, retard muscle atrophy, protect the surgical repair, range of motion restoration</p>	<ul style="list-style-type: none">-Flat Foot Touch Down Weight Bearing x6 weeks-Range of motion 0-90 degrees-T-Scope and Crutches x 6 weeks-Focus on knee flexion to equal 90 degrees at 4 weeks after surgery	<ul style="list-style-type: none">-Range of motion 0-90 degrees-Soft tissue mobilization, patellar glides-Quad sets, straight leg raises, hip ab/adduction strengthening, core strengthening-Gluteal strengthening: clams, reverse clams, side lying hip abduction, prone hip extension-Modalities PRN
<p>Phase 3: Weeks 7-12</p> <p>Goals: Full range of motion, minimal pain, increase resistance exercises, restore normal gait pattern, protect graft fixation</p>	<ul style="list-style-type: none">-Progress to 50% Weight Bearing x 6 weeks-Range of motion progression as indicated-Unlock T-Scope to new degree of flexion each week as the patient progresses (0-90, 0-100, 0-110, etc.)-Discontinue T-Scope once full range of motion is achieved (at least 120 degrees)	<ul style="list-style-type: none">-Begin progress to full passive, active, and active assisted range of motion by 10 degrees per week until full range of motion is achieved-Progress gluteal strengthening-Progress quad strengthening-Aquatic therapy with emphasis on gait normalization-Hamstring stretches-Stationary biking without resistance once full range of motion is achieved (operative leg along for the ride)

<p>Phase 4: Weeks 13-16</p> <p>Goals: Proper gait mechanics, improve lower extremity strength, full range of motion, neuromuscular control</p>	<p>-Progress Weight Bearing by 25% per week until Full Weight Bearing is achieved</p> <p>-Full Weight Bearing and wean from crutches</p> <p>-Discontinue T-Scope</p>	<p>-Progress strengthening program</p> <p>-Begin closed chain strengthening: toe raises, mini squats, PNF with resistance</p> <p>-Progressive resistance exercises (1-5lbs)</p> <p>-Balance exercises</p> <p>-Hamstring curls</p> <p>-Stationary biking with increasing resistance as tolerated</p>
<p>Phase 5: Months 5-6</p> <p>Goals: Full pain-free range of motion, no evidence of patellofemoral joint irritation, strength and proprioception restoration, power progression</p>	<p>-Strengthening progression</p> <p>-No range of motion or weight bearing restrictions</p> <p>-Glute med and max isometric strength to reach >80% of the contralateral limb</p> <p>Criteria for progression:</p> <p>-No valgus collapse</p> <p>-No femoral adduction/IR rotation pelvic drop or excessive trunk lean when performing single leg endurance tasks</p>	<p>-Continue and progress previous flexibility and strengthening activities</p> <p>-Functional walk/jog/run progression</p> <p>-Forward and backward running progression ($\frac{1}{2}$, $\frac{3}{4}$, full speed)</p> <p>-Progress lower extremity strengthening including squats, single leg (elevated split squat, TRX)</p> <p>-Progress dynamic balance</p> <p>-Increase aerobic conditioning (elliptical, swimming, biking)</p>
<p>Phase 6: Months 7+</p> <p>Goals: Completion of appropriate functional progression, strength maintenance, patient education</p>	<p>-N/A</p> <p>Criteria for discharge:</p> <p>-Surgeon clearance</p> <p>-Hamstring strength index >90% as compared to contralateral limb</p> <p>-Quadriceps strength index >90% compared to contralateral limb</p> <p>-Y-Balance anterior reach < 4cm</p> <p>-No complaints of pain or instability</p>	<p>-Functional progression including but not limited to:</p> <ul style="list-style-type: none"> • Cutting, crossover, carioca, etc. • Plyometric exercises as appropriate to patient goals: med ball work, sled drills • Agility drills: shuffles, ladder footwork, cone drills, z-cuts, w-cuts, multi-planar sport specific drills