

TIBIAL PLATEAU FRACTURE PROTOCOL **(Dr. Sean Griffin)**

GENERAL GUIDELINES:

- Patient will be non weight bearing for up to 12 weeks (may change at surgeon's discretion)
- Transfers need to be assisted for operative leg.
- ROM limited to 0-60° for the first 4-6 weeks if they have a lateral meniscus repair. If there is not a repair, patient is ROM as tolerated.
- Limited ROM brace should initially be locked at 0° and then unlocked as tolerated for ambulation and ADL's once adequate Quad control is established.
- Sleep with the brace locked at 0° for immobilization unless otherwise instructed by M.D.
- Keep the entire leg elevated. Do not place pillows under the knee.
- Utilize cryotherapy for 20 to 30 minutes every hour for pain and swelling reduction.
- Keep incisions dry for 5 days but may shower anytime postoperatively.

WEEKS 0-6

- Modalities as needed for pain and swelling.
- NMES for Quadriceps activation and re-education
- May begin pool exercises once incisions are fully healed.
- Restore patellar mobility.
- Begin gastrocnemius and hamstring stretching.
- Restore FULL knee extension within 2 weeks (low load-long duration stretching).
- Ankle ROM/strengthening for swelling and DVT prevention.
- Limit ROM to 0-60° for first 4-6 weeks if patient has had a meniscus repair.
- May begin stationary bike when adequate range of motion has been achieved.
- At 6 weeks, you may begin gravity resisted exercises within any ROM restrictions.
- 4-way (FLEX/ABD/EXT/ADD) open chain straight leg exercises once pain is under control and adequate QUAD control established.
- *Focus on knee remaining locked in concentric and eccentric phase of leg lifts. Increase reps and hold time initially, before adding resistance. No ankle weight until extensor lag is eliminated.*

WEEKS 6-10

- Modalities as needed.
- ROM to WNL as tolerated.
- Continue hip and core strengthening exercises and progress resistance as tolerated.
- Week 10 begin full weight bearing. May progress to one crutch by week 11 and gradually wean off crutches by week 12 as tolerated by patient.
- Soft tissue mobilizations as needed for scar and myofascial restrictions.
- Add bilateral closed kinetic chain exercises.

WEEKS 10-16

- ROM to WNL's as tolerated.
- Progress from bilateral closed kinetic chain exercises to unilateral.
- Initiate gym strengthening exercises (ex. Leg press, hamstring curls, squats, lunges) beginning bilateral and progressing to unilateral.
- Increase resistance with all exercises as tolerated.
- Week 15 initiate elliptical trainer; no running

WEEKS 16-20

- Continue with advanced strengthening
- Begin pool running program if available
- Progress running program as tolerated.
- Start bilateral plyometric drills

WEEKS 20-24

- Sport specific training (if applicable).
- Progress plyometric drills from bilateral to unilateral
- Functional test for return to sport.