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REHABILITATION GUIDELINES FOR TIBIAL PLATEAU FRACTURE

PHASE I (WEEKS 1-6)	DATES:
Appointments	 MD follow up visit at 2 weeks post op Begin physical therapy for knee ROM at 2 weeks post op
Rehabilitation Goals	 Maintain knee EXT to allow incisions to heal and prevent knee flexion contracture Maintain NWB x 6 weeks (okay to place foot on ground for balance in standing) or as cleared by MD 90 degrees flexion by 6 weeks post op Pain and edema control
Precautions	 WB: NWB (okay to place foot down for balance in standing) x 6 weeks TTWB at weeks 6-12
	 binged brace unlocked 0-90 degrees x 6 weeks DC brace at 6 weeks but maintain TTWB for weeks 6-12
Suggested Therapeutic Exercises	 Knee PROM and AAROM to 90 degrees flexion Quad strengthening to gain full knee extension; use of NMES if indicated Global LE stretching CKC hip strengthening on uninvolved side Multi-plane ankle strengthening NWB Core strengthening
Cardiovascular Exercises	Upper body ergometer
Progression Criteria	90 degrees knee flexionFull knee extension

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PHASE II (WEEKS 6-12)

DATES:

Appointments	 MD follow up at week 6 Continue physical therapy 2 x week
Rehabilitation Goals	 Regain full knee ROM Normalize gait out of brace Strengthening of LE's and core Pain and edema control
Precautions	TTWB weeks 6-12 (unless otherwise indicated by MD)
Suggested Therapeutic Exercises	 AROM knee flexion Aggressive gait training IF cleared by MD at week 8 as follows: Week 8: TTWB Week 9: 25% WB Week 10: 50% WB Week 11: 75% WB Week 12: FWB Progressive LE strengthening including quads, hamstrings, hips Total Gym Bridges Calf raises SLS Core strengthening Pool exercises for strengthening
Cardiovascular Exercises	 Pool walking Upper body ergometer Stationary bike Treadmill when FWB
Progression Criteria	Full ROM of knee

PHASE III (12 WEEKS - 6 MONTHS)

DATES:

Appointments	 MD follow up at 6 months Continue physical therapy 1- 2 x week
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(Phase III continued) Rehabilitation Goals	 Full ROM knee flexion and extension Strength 80% of uninvolved leg by week 16 Normalize gait without AD pain and edema control
Precautions	None unless otherwise indicated by MD
Suggested Therapeutic Exercises	 Progress ankle, knee, hip strength Total Gym to leg press; double leg to single leg 4 way hip progression Bridges, ball curls, deadlifts, stool scoots Lunges, squats Core strengthening Progress balance exercises once WB Begin pool running at week16, progress to land as able
Cardiovascular Exercises	 Pool UBE Treadmill walking, progress to running in pool at week 16 then running on treadmill as able
Progression Criteria	 Gait normalized without AD Strength 80% of uninvolved leg Progress to Phase IV at 6 months post op

PHASE IV (6 MONTHS – 12 MONTHS) DATES:

Appointments	 Follow up with MD at 6 months Continue physical therapy as needed 1-2 x/week for progression to independent gym/HEP
Rehabilitation Goals	Return to sport
Precautions	None unless otherwise indicated by MD
Suggested Therapeutic Exercises	 Implement sport specific, multidirectional drills Begin bilateral plyometrics, progress to unilateral Continue with aggressive LE strength progression

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Cardiovascular Exercises	Treadmill running, bike, UBE
Progression Criteria	 Independent with HEP Passing score on return to sport test with low risk of re-injury reported Return to sport

References:

Rubin, Amy, PT. Brigham and Women's Hospital Department of Rehabilitation Services. *Standard of Care: Tibial Plateau Fracture.* Retrieved from http://www.brighamandwomens.org/Patients-Visitors/pcs/rehabilitationservices/Physical-Therapy-Standards-of-Care-and-Protocols/Knee%20-%20Tibia%20plateau%20fracture.pdf.

Lind, Charles, MD. Rosenberg Cooley Metcalf Clinic at Park City. *Tibial Plateau Fracture Post-Operative Protocol*. Retrieved from https://www.rcmclinic.com/patient-info/knee/rehab-instruction/dr-lind/144-tibial-plateau-fracture-post-op

PT name and date: Erin Stansbury, PTA 6/13/16

MD name and date: Approved by MD 6/13/2016

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