# REHABILITATION GUIDELINES FOR TIBIAL PLATEAU FRACTURE

## PHASE I (WEEKS 1-6)

### 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

#### Brace:

- Hinged 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 flexion
- Full knee extension
# Rehabilitation Guidelines for Tibial Plateau Fracture

## 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 |
### Rehabilitation Goals (Phase III continued)

- 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 week 16, 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)

#### 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
REHABILITATION GUIDELINES FOR TIBIAL PLATEAU FRACTURE

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<th>Cardiovascular Exercises</th>
<th>• Treadmill running, bike, UBE</th>
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<td>Progression Criteria</td>
<td>• Independent with HEP</td>
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<td>• Passing score on return to sport test with low risk of re-injury reported</td>
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References:


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

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