

## REHABILITATION GUIDELINES FOR TIBIAL PLATEAU FRACTURE

PHASE I (WEEKS 1-6)

DATES:

Appointments	<ul style="list-style-type: none"> <li>• MD follow up visit at 2 weeks post op</li> <li>• Begin physical therapy for knee ROM at 2 weeks post op</li> </ul>
Rehabilitation Goals	<ul style="list-style-type: none"> <li>• Maintain knee EXT to allow incisions to heal and prevent knee flexion contracture</li> <li>• Maintain NWB x 6 weeks (okay to place foot on ground for balance in standing) or as cleared by MD</li> <li>• 90 degrees flexion by 6 weeks post op</li> <li>• Pain and edema control</li> </ul>
Precautions	<p><b>WB:</b></p> <ul style="list-style-type: none"> <li>• NWB (okay to place foot down for balance in standing) x 6 weeks</li> <li>• TTWB at weeks 6-12</li> </ul> <p><b>Brace:</b></p> <ul style="list-style-type: none"> <li>• hinged brace unlocked 0-90 degrees x 6 weeks</li> <li>• DC brace at 6 weeks but maintain TTWB for weeks 6-12</li> </ul>
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> <li>• Knee PROM and AAROM to 90 degrees flexion</li> <li>• Quad strengthening to gain full knee extension; use of NMES if indicated</li> <li>• Global LE stretching</li> <li>• CKC hip strengthening on uninvolved side</li> <li>• Multi-plane ankle strengthening NWB</li> <li>• Core strengthening</li> </ul>
Cardiovascular Exercises	<ul style="list-style-type: none"> <li>• Upper body ergometer</li> </ul>
Progression Criteria	<ul style="list-style-type: none"> <li>• 90 degrees knee flexion</li> <li>• Full knee extension</li> </ul>

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PHASE II (WEEKS 6-12)

DATES:

Appointments	<ul style="list-style-type: none"> <li>MD follow up at week 6</li> <li>Continue physical therapy 2 x week</li> </ul>
Rehabilitation Goals	<ul style="list-style-type: none"> <li>Regain full knee ROM</li> <li>Normalize gait out of brace</li> <li>Strengthening of LE's and core</li> <li>Pain and edema control</li> </ul>
Precautions	<ul style="list-style-type: none"> <li>TTWB weeks 6-12 (unless otherwise indicated by MD)</li> </ul>
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> <li>AROM knee flexion</li> <li>Aggressive gait training IF cleared by MD at week 8 as follows:                             <ul style="list-style-type: none"> <li>- Week 8: TTWB</li> <li>- Week 9: 25% WB</li> <li>- Week 10: 50% WB</li> <li>- Week 11: 75% WB</li> <li>- Week 12: FWB</li> </ul> </li> <li>Progressive LE strengthening including quads, hamstrings, hips                             <ul style="list-style-type: none"> <li>- Total Gym</li> <li>- Bridges</li> <li>- Calf raises</li> <li>- SLS</li> <li>- Core strengthening</li> <li>- Pool exercises for strengthening</li> </ul> </li> </ul>
Cardiovascular Exercises	<ul style="list-style-type: none"> <li>Pool walking</li> <li>Upper body ergometer</li> <li>Stationary bike</li> <li>Treadmill when FWB</li> </ul>
Progression Criteria	<ul style="list-style-type: none"> <li>Full ROM of knee</li> </ul>

PHASE III (12 WEEKS – 6 MONTHS)

DATES:

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

### PHASE IV (6 MONTHS – 12 MONTHS)

DATES:

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

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Cardiovascular Exercises	<ul style="list-style-type: none"><li>• Treadmill running, bike, UBE</li></ul>
Progression Criteria	<ul style="list-style-type: none"><li>• Independent with HEP</li><li>• Passing score on return to sport test with low risk of re-injury reported</li><li>• Return to sport</li></ul>

### 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](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>

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