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**Patient Name:** **Date:**

## Non Displaced Tibia Plateau Fracture – Physical Therapy Protocol

## Post operative weeks 1-6

- ROM 0-120 in brace. NWB with Crutches.
- Straight Leg Raise, quad sets
- Patella mobilization

## Weeks 6-14

Supervised PT – 3 times a week (may need to adjust based on insurance)

**GOALS**

- Restore full ROM
- Restore normal gait
- Demonstrate ability to ascend and descend 8-inch stairs with good leg control without pain
- Improve ADL endurance
- Independence in HEP

**PRECAUTIONS**

- Avoid descending stairs reciprocally until adequate quad control and lower extremity alignment
- Avoid pain with therapeutic exercise and functional activities
- Avoid running and sport activity

**TREATMENT STRATEGIES**

- Progressive WBAT with brace locked in extension and advance to 0-60deg if good quad control (good quad set/ability to SLR without pain or lag). May use crutches/cane if needed
- Aquatic therapy if available – pool ambulation or underwater treadmill
- D/C crutches or cane when gait is non-antalgic

- D/C brace and use patellar sleeve when non-antalgic gait with brace 0-60 and quad control adequate as determined by therapist
- AAROM exercises
- Patellar mobilization
- SLR's in all planes with weights
- Proximal PREs
- Neuromuscular training (bilateral to unilateral support)
- Balance apparatus, foam surface, perturbations
- Short crank stationary bike
- Standard stationary bike (when knee ROM >115)
- Leg press – bilateral/eccentric/unilateral progression
- Squat program (PRE) 0-60deg
- Open chain quad isotonics (pain free arc of motion)
- Initiate step-up and step-down programs
- StairMaster
- Retrograde treadmill ambulation
- Quad stretching
- Elliptical machine
- Forward Step-Down Test
- Upper extremity cardiovascular exercises as tolerated
- Cryotherapy
- Emphasize patient compliance to HEP

**CRITERIA FOR ADVANCEMENT**

- ROM to WNL
- Ability to descend 8-inch stairs with good leg control w/o pain
- Add water exercises if desired (and all incisions are closed and sutures out)

## Weeks 14-22

**GOALS**

- Maximize strength and flexibility as to meet demands of ADLs
- Isokinetic test >85% limb symmetry
- Lack of apprehension with patient specific activities
- Flexibility to accepted levels for patient specific activities
- Independence with gym program for maintenance and progression of therapeutic exercise program at discharge

**PRECAUTIONS**

- Avoid pain with therapeutic exercise and functional activities
- Avoid sport activity until adequate strength development

**TREATMENT STRATEGIES**

- Progress squat program <90-degree flexion
- Lunges

- Start forward running (treadmill) program at 4 months postop if 8-inch step down satisfactory
- Cont LE strengthening and flexibility programs
- Agility program/sport specific (sports cord)
- Start plyometric program when strength base is sufficient
- Isotonic knee flexion/extension (pain and crepitus-free arc)
- Isokinetic training (fast to moderate to slow velocities)
- Functional testing (hop test)
- Isokinetic testing
- HEP

**CRITERIA FOR DISCHARGE**

- Symptom-free running and sport-specific agility
- Hop test >85% limb symmetry
- Isokinetic test >85% limb symmetry
- Lack of apprehension
- Flexibility to acceptable levels
- Independence with gym program for maintenance and progression of therapeutic exercise program at discharge

This is strictly an outline of most of the major exercises that we would like to incorporate into the patellofemoral rehabilitation. Not all exercises need to be done. Two main goals are that appropriate progress is made on a weekly basis, and that communication exists between patient, therapist and doctor.

* Please send progress notes *

**Signature: _____**

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