



Tibial Plateau Fracture

<u>Postop</u>	<u>Goals</u>	<u>Precautions</u>	<u>Exercises/Interventions</u>
Phase 1 Weeks 0-3 1-2x/ week HEP daily	AROM extension to 0° at 3 weeks Control pain and inflammation Minimize joint stiffness Independent ambulation with assistive device on level/unlevel surfaces and up/downstairs	NWB with assistive device Brace locked at 0°	Ankle pumps Quad sets SLR Side lying hip abduction Heel prop for knee extension Education on edema control Posterior capsule stretching as needed
Phase 2 Weeks 3-6 1-2x/week HEP daily	Minimal pain and swelling with ADLs and HEP Increase AROM knee flexion to >100° by week 6	Continue NWB through week 6 with assistive device Can increase ROM of long leg brace according to tolerance of active knee flexion	Heel slides (pain-free range of motion) Continue with baseline strengthening without resistance Initiate global hip strengthening in standing with balance assistance Initiate ankle strengthening with TheraBand as needed Seated hip flexion Consider electrical stimulation to enhance quad function if recruitment is poor
Phase 3 Weeks 6-12 2x/week HEP daily	Increase WBAT without pain and without limping on level surfaces Independent stair climbing with reciprocal pattern Increase strength and endurance Full ROM Increase balance and proprioception (SLS for 20-30 sec)	Progress WB status according to MD orders Wean from assistive device as appropriate with WB status changes Wean from brace when quad control is restored, normal gait pattern is present, and knee flexion is > 120°	Continuation and progression of phase 2 exercises Initiate cardiovascular and muscle endurance exercises When FWB status is achieved: Initiate proprioception and balance exercises (use of mini-trampoline, airex pad, fitter, slide board, Swiss ball, balance beam) Initiate CKC exercises (mini squats, step ups, leg press, lunges, leg curls, resisted walking, TheraBand walking, resisted gastroc/soleus exercises)
Phase 4 Weeks 12+ 2x/ week HEP Daily	Return to full work and recreational activities Return to sport criteria: Satisfactory clinical exam <10% strength deficit in quad Can replicate sport specific activities Passes SL hop for distance and SL trip cross over hop for distance testing (<15% deficit)	Return to sport when criteria have been met and with MD clearance	Continue and progress phase 3 exercises Work or sport specific training if applicable Increase functional training as tolerated Gradual return to running and jumping through jog, double leg jump, single leg hop and spring progressions