

Rehabilitation Protocol: Tibial Spine Open Reduction Internal

Fixation

Date:	
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Diagnosis:

Date of Surgery : _____

Phase I (Weeks 0-4):

- Weightbearing: Toe touch weight bearing x 4 weeks

Name:

- Hinged Knee Brace:
 - Locked in full extension for ambulation and sleeping (Weeks 0-4)
- **Range of Motion** AAROM \rightarrow AROM as tolerated
- Therapeutic Exercises
 - Quad/Hamstring sets
 - Heel slides
 - Non-weightbearing stretch of the Gastroc/Soleus
 - Straight-Leg Raise with brace in full extension until quad strength prevents extension lag

Phase II (Weeks 4-8):

- Weightbearing: Start partial weightbearing and progress to full weightbearing by 6 weeks without crutches
- Hinged Knee Brace:
 - Unlock brace Week 6
 - Discontinue brace use when patient has achieved full extension with no evidence of extension lagor by week 8
- Range of Motion Maintain full knee extension work on progressive knee flexion
- Therapeutic Exercises
 - Closed chain extension exercises
 - Hamstring curls
 - Toe raises
 - Balance exercises
 - Progress to weightbearing stretch of the Gastroc/Soleus
 - Begin use of the stationary bicycle

Phase III (Weeks 8-16):

- Weightbearing: Full weightbearing
- Range of Motion Full/Painless ROM



- Therapeutic Exercises

- Advance closed chain strengthening exercises, proprioception activities
- Begin use of the Stairmaster/Elliptical
- Can Start Straight Ahead Running at 12 Weeks

Phase IV (Months 4-6)

- Gradual return to athletic activity as tolerated
- Maintenance program for strength and endurance

Comments:

Frequency: _____ times per week

Signature: _____

Duration: w	eeks
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Date: _____