Rehabilitation Protocol: Tibial Spine Open Reduction Internal Fixation

Name: ____________________________________________  Date: ______________________

Diagnosis: ____________________________  Date of Surgery: ____________

☐ Phase I (Weeks 0-4)
  • **Weightbearing**: Toe touch weight bearing x 4 weeks
  • **Hinged Knee Brace**:
    o Locked in full extension for ambulation and sleeping (**Weeks 0-4**)
  • **Range of Motion** – AAROM → AROM as tolerated
  • **Therapeutic Exercises**
    o Quad/Hamstring sets
    o Heel slides
    o Non-weightbearing stretch of the Gastroc/Soleus
    o 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**:
    o Unlock brace Week 6
    o Discontinue brace use when patient has achieved full extension with no evidence of extension lag or by week 8
  • **Range of Motion** – Maintain full knee extension – work on progressive knee flexion
  • **Therapeutic Exercises**
    o Closed chain extension exercises
    o Hamstring curls
    o Toe raises
    o Balance exercises
    o Progress to weightbearing stretch of the Gastroc/Soleus
    o Begin use of the stationary bicycle

☐ Phase III (Weeks 8-16)
  • **Weightbearing**: Full weightbearing
  • **Range of Motion** – Full/Painless ROM
  • **Therapeutic Exercises**
    o Advance closed chain strengthening exercises, proprioception activities
    o Begin use of the Stairmaster/Elliptical
    o 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  Duration: ______ weeks

Signature: ____________________________________________  Date: ______________________