

# <u>Post-Operative Instructions</u> <u>Tibial Plateau Open Reduction Internal Fixation</u>

## **Day of surgery**

- A. Diet as tolerated
- **B.** Icing is important for the first 5-7 days post-op. While the post-op dressing is in place, icing should be done continuously. Once the dressing is removed on the third post-operative day, ice is applied for 20-minute periods 3-4 times per day. Care must be taken with icing to avoid frostbite. Alternatively, Cryocuff or Gameready ice cuff can be used as per instructions.
- **C.** Pain medication as needed every 4-6 hours (refer to pain medication sheet).
- **D.** Make sure you have a physical therapy post-op appointment scheduled during the first week after surgery.

Video instructions for your brace can be found at <a href="https://www.youtube.com/watch?v=jyRZkSyFBOQ">https://www.youtube.com/watch?v=jyRZkSyFBOQ</a>

### First Post-Operative Day

- **A.** Continue icing
- **B.** Pain medication as needed.
- **C.** If you have been assigned a Continuous Passive Motion (CPM) machine, it should be started during the first week after your surgery. This machine will be set at 30 degrees. The machine should be used 6 hours per day (2 hours in the morning, 2 hours in the afternoon, and 2 hours in the evening). You will use this machine for 1 month after surgery. Do not wear leg brace or cooling device while using CPM machine.

### **Second Post-Operative Day Until Return Visit**

- **A.** Continue icing
- **B.** Unless otherwise noted, no weightbearing for the first 6 weeks after surgery. After 6 weeks, you can bear as much weight on the affected leg as you can tolerate.
- **C.** Call our office @ 646-501-7223 option 4, option 2 to confirm your first postoperative visit, which is usually about 1-2 weeks after surgery if you have not been given a time. If you are experiencing any problems, please call our office or contact us via the internet at www.newyorkortho.com.

# **Third Post-Operative Day**

A. You may remove surgical bandage and shower this evening. Apply 4x4 (or similar size) waterproof bandage to these wounds prior to showering and when showering is complete apply fresh waterproof bandage. Please ensure that the bandage is large enough to completely cover the incision. You will need to follow this routine for 2 weeks after surgery.





# Rehabilitation Protocol: Tibial Plateau Open Reduction Internal Fixation

name:	Date:
Diagnosis:	Date of Surgery:
Phase I (Weeks 0-4)	
Weightbearing: Toe touch weight bear	ring x 4 weeks
Hinged Knee Brace:	
<ul> <li>Locked in full extension for aml</li> </ul>	bulation and sleeping (Weeks 0-4)
• Range of Motion – AAROM → AROM a	s tolerated
• Therapeutic Exercises	
<ul> <li>Quad/Hamstring sets</li> </ul>	
<ul> <li>Heel slides</li> </ul>	
<ul> <li>Non-weightbearing stretch of tl</li> </ul>	ne Gastroc/Soleus
<ul> <li>Straight-Leg Raise with brace in</li> </ul>	n full extension until quad strength prevents extension lag
Phase II (Weeks 4-8)	
<ul> <li>Weightbearing:Start partial weightbearing</li> </ul>	aring and progress to full weightbearing by 6 weeks
without crutches	
<ul> <li>Hinged Knee Brace:</li> </ul>	
<ul> <li>Unlock brace Week 6</li> </ul>	
	tient has achieved full extension with no evidence of extension
lag <b>or</b> by week 8	
	extension – work on progressive knee flexion
<ul> <li>Therapeutic Exercises</li> </ul>	
<ul> <li>Closed chain extension exercise</li> </ul>	es es
<ul> <li>Hamstring curls</li> </ul>	
o Toe raises	
o Balance exercises	
<ul> <li>Progress to weightbearing stret</li> </ul>	•
<ul> <li>Begin use of the stationary bicy</li> </ul>	cle
Phase III (Weeks 8-16)	
Weightbearing: Full weightbearing	
• Range of Motion – Full/Painless ROM	
<ul> <li>Therapeutic Exercises</li> </ul>	
<ul> <li>Advance closed chain strengthe</li> </ul>	ening exercises, proprioception activities

Begin use of the Stairmaster/Elliptical

Can Start Straight Ahead Running at 12 Weeks



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Phase IV (Months 4-6)		
<ul> <li>Gradual return to athletic activity:</li> </ul>	as tolerated	
<ul> <li>Maintenance program for strength</li> </ul>	and endurance	
Comments:		
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Frequency: times per week	Duration: weeks	
	_	
Signature:	Date:	