



ORIF TIBIAL PLATEAU



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ORIF Tibial Plateau - Physical Therapy Prescription

Please fax progress notes to Advanced Orthopedics & Sports Medicine at 720-895-1121

Name: _____

Date of Surgery: _____

Diagnosis: R / L Lateral / Medial / Bicolumnar Tibial Plateau ORIF

Frequency: 2-3 times per week for _____ weeks, Therapy to start 3-5 days after surgery

PHASE I (weeks 0-6)

- STRICT NWB of affected extremity (okay to put foot on ground for balance in standing)
- ROM: Full extension - 90° flexion
 - Goal: 0-90° by week 6, OK to go past 90° if tolerated
- Pain and edema control
- Exercises: Knee PROM + AAROM to 90° flexion, Quad sets, SLR's

PHASE II (weeks 6-12)

- Advance to TTWB -> FWB
 - Week 6-8: TTWB
 - Week 9: 25% WB
 - Week 10: 50% WB
 - Week 11: 75% WB
 - Week 12: FWB
- Regain full ROM knee
- Strengthening LE's and core
- Pain and edema control
- Exercises: AROM knee flexion, SLR's, closed chain quads/hamstrings/hips, Core

PHASE III (Weeks 12+)

- Advance to FWB, normalize gait mechanics
- Advance strength activities
- Sport/Work specific training

Criteria for discharge

1. Full, pain free range of motion
2. Strength is equal bilaterally
3. Has met specific functional/activity goals
4. Has been cleared by physician

Signature: _____

Date:

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