Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

TIBIAL PLATEAU OPEN REDUCTION INTERNAL FIXATION (ORIF)

PHYSICAL THERAPY PROTOCOL

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Patient Name: _____ **Date of Surgery**: _____

Procedure: **Right / Left Tibial Plateau ORIF**

___ **Evaluate and Treat** ___ **Provide patient with home program**

Frequency: _____**x/week x** _____**weeks**

	WEIGHT BEARING	BRACE	ROM	EXERCISES
PHASE I 0-2 weeks	Non-weight bearing*	On at all times during day and while sleeping** Off for hygiene	Brace at all times in full extension	Calf pumps, quad sets SLR in brace, modalities
PHASE II 2-6 weeks	Non-WB	On at night Open 0-90 and worn daytime only until 6 wks	Maintain full extension and progress flexion to full	Progress non-weight bearing flexibility, modalities Begin floor-based core and glutes exercises Advance quad sets, patellar mobs, and SLR
PHASE III 6 weeks - 8 weeks	Advance 25% weekly and progress to full with normalized gait pattern	None	Full	Advance closed chain quads, progress balance, core/pelvic and stability work Begin stationary bike at 6 weeks Advance SLR, floor-based exercise; hip/core
PHASE IV 8-16 weeks	Full	None	Full	Progress flexibility/strengthening, progression of functional balance, core, glutes program Advance bike, add elliptical at 12 wks as tolerated Swimming okay at 12 wks
PHASE V 16-24 wks	Full	None	Full	Advance Phase IV activity Progress to functional training, including impact activity after 20 wks when cleared by MD

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary. This patient __ would __would not benefit from social services.

_____ Date:_____

Bryan M. Saltzman, MD