



TIBIAL PLATEAU OPEN REDUCTION INTERNAL FIXATION (ORIF) Physical Therapy Protocol

Patient Name: _____ Date of Surgery: _____

Procedure: Right / Left Tibial Plateau ORIF

_____ Evaluate and Treat _____ Provide patient with home exercise program

Frequency: _____ x/week x _____ weeks

_____ **Phase I (0 - 2 Weeks):**

- **Weightbearing:** Heel touch only.*
- **Brace:**
 - On at all times during day and while sleeping.**
 - Off for hygiene.
- **ROM:** Brace at all times in full extension.
- **Exercises:** Calf pumps, quad sets SLR in brace, modalities.

_____ **Phase II (2 - 6 Weeks):**

- **Weightbearing:** Heel touch only.
- **Brace:**
 - Off at night.
 - Open 0-90 and worn daytime only until 6 weeks.
- **ROM:** Maintain full extension and progress flexion to full.
- **Exercises:**
 - Progress non-weight bearing flexibility, modalities.
 - Begin floor-based core and glutes exercises.
 - Advance quad sets, patellar mobs, and SLR.

_____ **Phase III (6 - 8 Weeks):**

- **Weightbearing:** Advance 25% weekly and progress to full with normalized gait pattern.
- **Brace:** None.
- **ROM:** Full.
- **Exercises:**
 - 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):**

- **Weightbearing:** Full.
- **Brace:** None.
- **ROM:** Full.
- **Exercises:**
 - Progress flexibility/strengthening, progression of functional balance, core, glutes program.
 - Advance bike, add elliptical at 12 weeks as tolerated.
 - Swimming okay at 12 weeks .

_____ **Phase V (5 - 7 Months):**

- **Weightbearing:** Full.
- **Brace:** None.
- **ROM:** Full.
- **Exercises:**
 - Advance Phase IV activity.
 - Progress to functional training, including impact activity after 20 weeks 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.

Physician Name: _____

Date: _____