



# **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

	<b>WEIGHT BEARING</b>	<b>BRACE</b>	<b>ROM</b>	<b>EXERCISES</b>
<b>PHASE I</b> 0-2 weeks	Heel touch only*	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
<b>PHASE II</b>	Heel touch only	Off at night  Open 0-90 and	Maintain full extension and progress	Progress non-weight bearing flexibility, modalities



2-6 weeks		worn daytime only until 6 wks	flexion to full	Begin floor-based core and glutes exercises  Advance quad sets, patellar mobs, and SLR
<b>PHASE III</b> 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
<b>PHASE IV</b> 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
<b>PHASE V</b> 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**