

Tibial Plateau and/or Distal Femur Fracture Repair Protocol

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Tibial Plateau Fracture ORIF Rehabilitation Protocol

Phase I (Post-op until weeks 2–6) Protective Phase

- Non–weight bearing on operative extremity (can rest foot on ground) unless otherwise directed
- Knee immobilizer or hinged knee brace locked in extension NON weight bearing
- Early knee range of motion encouraged with goal of 0-90 by week 6
- Quadriceps sets, straight leg raises in brace
- Ankle pumps and calf stretching
- Hip and core strengthening in non–weight bearing positions
- Edema control and pain management emphasized

Phase II (Weeks 6–10) Progressive Motion Phase

- Begin 25% weight-bearing at week 8
- Unlock brace for controlled ambulation as directed
- Progress knee range of motion toward full
- Initiate closed-chain strengthening in protected ranges
- Begin stationary bike when adequate ROM achieved
- Avoid deep squatting or high-impact activities
- Discontinue brace when quadriceps control adequate approx. week 8

Phase III (Weeks 10–16) Strengthening Phase

- Progress to 50% weight bearing at week 10, then at week 12 full weight bearing as tolerated once cleared by surgeon
- Advance lower-extremity strengthening including quads, hamstrings, glutes
- Balance and proprioceptive training starting week 12. Gently initiate leg press and functional strengthening within safe ranges

Phase IV (Weeks 16–24) Advanced Strengthening and Return to Function

- Advance strengthening, endurance, and neuromuscular control
- Initiate jogging and impact activities once cleared
- Begin sport- or work-specific training
- Progression based on pain-free motion, strength symmetry, and radiographic healing

****Special Considerations :****

- Weight-bearing progression is fracture- and fixation-dependent.
- Concomitant ligamentous, meniscal, or cartilage injuries may require modified rehabilitation.