EDWARDS ORTHOPEDICS
Advanced Orthopedic Surgery, Close to Home.
Dr. Chad Edwards, Orthopedic Surgeon

2120 Idaho St | Elko, NV 89801
(775) 235-8566 | Fax 775-360-3602
OrthoElko.com

POST-OPERATIVE REHABILITATION PROTOCOL

Tibial Plateau Fracture ORIF

Early knee motion with strict weight-bearing protection followed by staged gait and strength recovery

PATIENT	SURGERY DATE	SIDE / PROCEDURE NOTES
_____	_____	_____

HOW TO USE THIS PROTOCOL Time frames are guides, not deadlines. Progress only when the phase criteria are met and the knee/arm is not reacting with increased pain or swelling. Dr. Edwards' written instructions always take priority.

SCOPE Fracture pattern, fixation, meniscal/ligament injury, and radiographic healing determine motion and weight bearing. Do not advance without the clinic order.

STOP AND CALL: fever/chills, increasing redness or drainage, uncontrolled pain, new or worsening numbness/weakness, calf pain/swelling, chest pain, or shortness of breath. Call 911 for an emergency.

KEY RESTRICTIONS AT A GLANCE

TIME	PROTECTION / WEIGHT BEARING	MOTION / LOADING
0-6 weeks	Non-weight bearing with crutches; brace locked for gait	Early ROM and quadriceps activation within the order
6-10 weeks	Progress weight bearing only after x-ray clearance	Normalize gait; begin closed-chain work as loading allows
10-20 weeks	No impact	Advanced strength, balance, bike/elliptical
5-9+ months	Running/sport after union and testing	Graded impact, agility, and return

PHASE-BY-PHASE PLAN

Phase 1 | Maximum protection (0-6 weeks)

- **Priorities:** Protect fixation/articular surface; control pain/effusion; regain extension, flexion, and quadriceps control.
- **Protection:** Non-weight bearing with 2 crutches. Wear brace locked in extension for gait unless the postoperative order differs.

EDWARDS ORTHOPEDICS
Advanced Orthopedic Surgery, Close to Home.
Dr. Chad Edwards. Orthopedic Surgeon

2120 Idaho St | Elko, NV 89801
(775) 235-8566 | Fax 775-360-3602
OrthoElko.com

- **Therapy focus:** Ankle pumps, patellar mobility, quad sets/NMES, straight-leg raise if allowed without lag, hip/core/ankle strength, and gentle active/passive knee ROM within the written limit.
- **Therapy focus:** Bike or pool begins only when incision, ROM, and restrictions allow.

Phase 2 | Progressive weight bearing (6-10 weeks)

- **Priorities:** Restore full ROM, normalize gait, and begin safe closed-chain strength.
- **Protection:** Start weight bearing only after radiographs and Dr. Edwards confirm healing. Progress over several weeks; do not rush because pain is low.
- **Therapy focus:** Weight shifts, gait training, bike, mini-squats/leg press in protected range, step initiation, hip/calf strength, and balance.
- **Therapy focus:** Wean to one crutch, then none, only with a level pelvis and non-antalgic gait.

Phase 3 | Strength and endurance (10-20 weeks)

- **Priorities:** Restore unilateral strength, balance, stair control, and low-impact endurance.
- **Protection:** No running, jumping, or torsional impact.
- **Therapy focus:** Progress squat/lunge/leg press, step-up/down, hamstring and open-chain quadriceps as tolerated, proprioception, bike, elliptical, and pool running.

Phase 4 | Impact and sport (5-9+ months)

- **Priorities:** Return to running, work, and sport-specific function.
- **Protection:** Impact requires confirmed union, full ROM, no effusion, and adequate single-leg strength/control.
- **Therapy focus:** Graded walk-jog, bilateral-to-unilateral plyometrics, multidirectional drills, and sport/work simulation.
- **Therapy focus:** Return requires at least 90% strength/function for sport and surgeon/therapist clearance.

GENERAL PROGRESSION RULE A mild exercise ache that resolves is acceptable. Back down and contact the care team if pain is sharp, swelling increases, motion is lost, gait/mechanics worsen, or symptoms remain elevated the next day.