

Matthew Gotlin, MD 159 East 74th Street New York, NY 10021

REHAB PROTOCOL: Tibial Spine Open Reduction Internal Fixation

Name:	Date:
Diagnosis:	Date of Surgery:
Phase I (Weeks 0-4)	
☐ Weightbearing: Toe touch weight bearing x	4 weeks
☐ Hinged Knee Brace:	
o Locked in full extension for ambulatio	on and sleeping (Weeks 0-4)
☐ Range of Motion: AAROM → AROM as tol	erated
☐ Therapeutic Exercises	
o Quad/Hamstring sets	
o Heel slides	
o Non-weightbearing stretch of the Gast	
o Straight-Leg Raise with brace in full e	extension until quad strength prevents extension lag
Phase II (Weeks 4-8)	
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☐ Weightbearing: Start partial weightbearing a	and progress to full weightbearing by 6 weeks without
crutches	
☐ Hinged Knee Brace:	
o Unlock brace Week 6	
-	as achieved full extension with no evidence of extension lag
or by week 8	
□ Range of Motion – Maintain full knee extens	sion – work on progressive knee flexion
☐ Therapeutic Exercises	
o Closed chain extension exercises	
o Hamstring curls o Toe raises	
o Balance exercises	
o Progress to weightbearing stretch of th	ne Gastroc/Soleus
o Begin use of the stationary bicycle	to Guotago Doloub
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159 East 74th Street New York, NY 10021 Tel: 212-737-3301 Fax: 212-734-0407

2 Overhill Rd, Suite 310 Scarsdale, NY 10583 Tel: 914-725-6970 Fax: 914-725-6972 1600 Stewart Ave, Suite 100 Westbury, NY 11590 Tel: 516-243-8506 Fax: 212-734-0407

Phase III (Weeks 8-16)	
 □ Weightbearing: Full weightbearing □ Range of Motion – Full/Painless ROM □ Therapeutic Exercises o Advance closed chain strengthening exe o Begin use of the Stairmaster/Elliptical o Can Start Straight Ahead Running at 	
Phase IV (Months 4-6)	
☐ Gradual return to athletic activity as tolerated	
$\hfill \square$ Maintenance program for strength and enduran	ce
Comments:	
Frequency:times per week	Duration:weeks
Signature:	Date: