31 Seymour St #100 Hartford, CT 06106

Phone: 860-244-1017, Fax: 860-524-8965

www.oahct.com

.....

Date of Surgery:

### **Post-Operative Rehabilitation Protocol:**

### **Tibial Spine Avulsion Fracture**

#### PHASE I: Weeks 0-6

<u>GOALS</u>: Protect fracture fixation with the use of brace and specific exercises. Minimize effects of immobilization, inflammation, and edema (ice x2weeks). Advance to Full WB, ween off crutches, and obtain motion.

### A. <u>General</u>:

- \* May remove brace for shower/bathing.
- \* Elevate knee above heart level often
- \* Cryotherapy unit or ice 20 minutes/hour

### B. Bracing:

- \* Weeks 0-4: Brace locked in full extension for ambulation and sleeping
- \* Weeks 5-6: WBAT in extension. Ok to d/c brace when sleeping
- \* Weeks7-8 Begin unlocking in  $30^\circ$  increments every 3-4 days. Unlock by the start of week 8 and d/c after week 8

#### C. Weight Bearing:

- \* Week 0-2: TTWB
- \* Weeks 3-4: PWB
- \* Weeks 5-6: Ween from crutches as patient demonstrates normal gait mechanics and improved quad control

#### D. Range of Motion Goals:

- \* AAROM AROM as tolerated
- \* Maintain full extension and work on progressive knee flexion.
  - 0-90° by Week 3
  - 0-125° by Week 6

#### D. Treatment / Exercises:

- \* Patellar mobilization/scar mobilization
- \* Quad Sets, Hamstring curls, Heel slides
- \* Non-weight bearing stretches of Gastroc-Soleus
- \* Straight-leg raise with brace in full extension until quad strength returns (no extension lag)

ORTHOPEDIC ASSOCIATES OF HARTFORD, P.C. WWW.OAHCT.COM

31 Seymour St #100 Hartford, CT 06106

Phone: 860-244-1017, Fax: 860-524-8965

www.oahct.com

**Date of Surgery**:

### **Post-Operative Rehabilitation Protocol:**

### **Tibial Spine Avulsion Fracture**

#### PHASE II: Weeks 7-12

<u>GOALS</u>: Maintain full extension, obtain full flexion. Increase hip, quadriceps, hamstring and calf strength. Increase proprioception.

#### A. General:

\* Cryotherapy unit or ice 20 minutes/hour at patient's discretion

### B. Bracing:

- \* Begin unlocking in 30° increments (every 3-4 days) after Week 6. Unlock when weight bearing by the start of Week 8.
- \* Discontinue after Week 8 (once patient has full extension and no lag)

#### C. Weight Bearing:

- \* Week 0-2: TTWB
- \* Weeks 3-4: PWB
- \* Weeks 5-6: Ween from crutches as patient demonstrates normal gait mechanics and improved quad control.

#### D. Treatment / Exercises:

- \* Begin stationary bike
- \* Continue with ROM/flexibility exercises as appropriate
- \* Closed chain extension exercises
- \* Wight bearing Gastroc-Soleus stretching
- \*Toe raises, start proprioception program

31 Seymour St #100 Hartford, CT 06106

Phone: 860-244-1017, Fax: 860-524-8965

www.oahct.com

## \_\_\_\_\_

Date of Surgery:

## **Post-Operative Rehabilitation Protocol:**

## **Tibial Spine Avulsion Fracture**

#### PHASE III: Weeks 13-18

#### A. . Treatment / Exercises:

- \* Begin straight-ahead, treadmill running after Week 12
- \* Continue flexibility and ROM exercises as appropriate for patient
- \* Progressive hip, quad, hamstring and calf strengthening
  - Mini-Wall Squats (0-60°)
  - Lateral Lunges & Step-Ups
  - Hip Abduction/Adduction
  - Short-Arc Leg Press
- \*Cardiovascular/endurance training via stair master, elliptical and bike
- \*Advance proprioceptive activities and agility drills

#### PHASE IV: Months 5-6 (Return to Sport)

#### A. . <u>Treatment / Exercises</u>:

- \* Progress flexibility/strength program based on individual needs /deficits
- \* Initiate plyometric program as appropriate for patient's athletic goals
- \* Agility progression including
  - Side steps + Crossovers, Figure 8 and Shuttle Running
  - One & Two Leg Jumping
  - Cutting/Accelerative/Deceleration/Springs, Agility Ladder Drills
- \*Continue progression of running distance based on patient needs
- \*Sports-specific drills as appropriate for patient
- \* Gradual return to activity as tolerated

#### \* Addendum

This protocol provides general rehabilitation guidelines following Tibial Spine Avulsion Fracture procedures. It is subject to modification depending on several factors such as the degree of injury, the type and extent of associated surgical intervention, as well as your

31 Seymour St #100 Hartford, CT 06106

Phone: 860-244-1017, Fax: 860-524-8965

www.oahct.com

**Date of Surgery**:

## **Post-Operative Rehabilitation Protocol:**

# **Tibial Spine Avulsion Fracture**

individual progress post-operatively. For any questions, please call my office at 860-244-1017.