

Dr. John Babb

12112 W. Kellogg, Wichita, KS 67235 – (316) 630-9300

TIBIAL SPINE FRACTURE FIXATION PROTOCOL

First Visit

- PT removes bandages on POD #3, keep steri-strips intact until Dr Babb can remove them.
- No ointments, betadine etc should be used on the incisions or portals.
- If any drainage/oozing is present recover with 4x4's, and notify Dr Babb (may need antibiotics).
- NO ice bags on any oozing or open wounds without being covered first with a bandage.
- If any wounds are oozing delay range of motion until wounds are closed and healed.
- **NO water on wounds** for 2 weeks (including showers) even if covered, no submersion of wounds in water (baths) until wounds are scars.
- Brace: locked in extension for 6 weeks post op
- **Ambulation**: modified WB for the first 4 weeks

Day 1- Day 13 Post-op

- Brace: locked in extension
- Ambulation: TTWB
- ROM:
 - o AAROM/AROM as tolerated with goal of 90 deg. flexion by 3 weeks post-op.
 - Heel slides
 - o Gastroc/soleus/hamstring stretching
- Strengthening:
 - o SLR- all planes. Goal is SLR without ext. lag.
 - Quad sets
 - Hamstring curls
 - o Ankle 4-way
 - o NWB gastroc/soleus stretching

Day 13-27 Post-op

- Brace: locked in extension
- WB: 50%

• ROM:

AAROM/AROM as tolerated with goal of 90 deg. flexion by 3 weeks post-op.
Goal of 135 deg. flexion by 6 weeks post-op (start progressing towards 135 deg. at 3 weeks post-op).

• Strengthening:

o Continue progressing previous strengthening activities

Day 28-41 Post-op

- Brace: locked in extension
- WB: WBAT
- Crutches: d/c after 4 weeks
- Strengthening:
 - Continue previous strengthening exercises
- ROM:
 - o Goal is minimum of 135 deg. flexion by 6 weeks post-op.

6 Weeks- 12 Weeks (3 months) Post-op

- **Brace:** Begin unlocking 30 deg. every 2-3 days until fully unlocked.
 - o D/C brace at 8 weeks post-op if strength is 80% (MMT) in involved leg compared to uninvolved leg.
- ROM: Full
- Strengthening:
 - o Initiate recumbent bike
 - o Initiate Total Gym/Vigor Gym squats
 - o Continue progressing previous strengthening activities
 - o Initiate CKC strength exercises
 - Increase proprioception training
 - o Progress to step and sticks at 10 weeks to prepare for inline running progression at 12 weeks.

3 Months Post-op

• Strengthening:

- Progress CKC strengthening
- o Advanced proprioception activities and agility drills
- o Increased cardiovascular endurance including stairmaster, elliptical and bike.
- o Progress to straight

• Straight ahead running

- O Start with 100 yds at half speed on soft level surface
- o Add 100 yds every other day
- o Work up to 1 mile or 1760 yds

• Gentle lateral movements:

- o Defensive slide
- Floor ladder
- o Figure 8's
- o Carioca's

• Transverse plane movements:

- o Pivots
- o Steps with rotation
- Low level plyometrics: stationary jumps, hops, skipping rope. Refer also to MAO plyometric program
- Golf and Outdoor bike
- Advanced proprioception activities and agility drills

5-6 Months Post-op

• Strengthening

- Progress all previous activities
- Progress cutting drills
- Sport specific drills:
 - O Soccer: Hard kicks if surgery leg is kick leg, do not plant on surgery leg
 - o Basketball: lay ups and jump shots, no scrimmaging or one on one
 - o Softball/Baseball: Throwing, hitting, running bases
 - o Racquet sports: low level hitting against backboard
 - o Progress drills as appropriate for patient

• Increase running program

- o Speed
- Rounded turns
- o Backpedal
- o Low level direction changes

• Aggressive agility drills:

- Jump
- o Hop
- o Plyometric activities

• Teach deceleration and injury prevention techniques:

- Rounded turn
- Bent knee landings
- o 3-step stops

• Criteria for return to sport (needs to be completed prior to MD release):

- o Isometric quad/hamstring testing on surgery leg >/= 95% of non-surgery leg
- o Demonstrate safe, sport-specific mechanics
- o Functional hop testing (broad jump, single leg hop, single leg triple hop with control) on surgery leg >/= 95% of non-surgery leg

Patient progression during the time frames along with general modality and exercise choice is left up to the discretion of the treating therapist. If you have any questions regarding this protocol, please contact (316) 630-9300.