

Bonnie P. Gregory, MD
Pediatric Tibial Spine ORIF
Rehabilitation Protocol

	WEIGHT BEARING	BRACE	RANGE OF MOTION	STRENGTH/EXERCISES
<i>PHASE 1</i> <i>0-4 WEEKS</i>	TTWB	Worn at all times locked in extension	Full PROM as tolerated AAROM only extension AROM in flexion Goal: full passive extension	Towel roll exercises Quadriceps sets E-stim quad re-education
<i>PHASE 2</i> <i>4-6 WEEKS</i>	PWB	Worn at all times Locked in extension for sleeping Unlocked 0-45 with ambulation	Continue ROM as tolerated	SLR Hamstring/hip PREs Begin proprioceptive exercises once able to WB stably Once at 115 degrees of flexion may begin stationary bike
<i>PHASE 3</i> <i>6-12 WEEKS</i>	FWB	Wean from brace	Full ROM	Continue to progress PRE and proprioceptive exercises Once adequate strength is demonstrated may begin retrograde treadmill and elliptical training

<p><i>PHASE 4</i> <i>3-6 MONTHS</i></p>	<p>FWB</p>	<p>None OR Functional ACL type brace per MD request</p>	<p>Full ROM</p>	<p>Continue to progress strength training.</p> <p>At 4 months evaluate their ability for good eccentric quadriceps control with step down test, before advancing</p> <p>If they do not demonstrate good eccentric quad control continue to work towards.</p> <p>When able to demonstrate good eccentric quadriceps control Running progression/sport specific activities/agilities/plyometric</p>
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Return to sport after successful passing of functional sport test and MD clearance

For any questions or concerns regarding the protocol or rehabilitation process please contact:

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