

Knee Fracture ORIF Rehabilitation Protocol ***(distal femur, tibial plateau)***

- **Weeks: 0-6**
 - Goals: prevent stiffness, decrease swelling/inflammation, and protect fixation
 - Non-weightbearing for 12 weeks unless instructed otherwise; range of motion as tolerated without restriction
 - Emphasize knee range of motion - start passive, active-assist, and active ROM of operative knee
 - Emphasize elevation and ice for swelling control
 - Also work on hip, ankle, foot ROM
 - Modalities as needed for muscle stimulation, pain control, swelling control
 - Start manual lower extremity PNF
 - No water submersion/aqua therapy until after 6 weeks
- **Weeks 6-12**
 - Goals: improved swelling and pain, increase ROM, begin strengthening
 - Continue non-weight bearing status unless instructed otherwise
 - Aggressive passive, active-assist, and active ROM of operative knee
 - Progress to strengthening of hip, knee, and ankle muscle groups
 - Short arc quad/VMO strengthening
 - Isokinetic program
 - Emphasize importance of home exercise program
 - Modalities as needed for muscle stimulation, pain control, swelling control
 - Continue manual lower extremity PNF
 - Okay for hydro/aquatic therapy if available
 - If limitation in ROM is significant at 8-10 weeks (flexion <90 degrees or extensor lag >15 degrees), notify surgeon as manipulation under anesthesia may need to be discussed
- **Weeks 12+**
 - Goals: increase strength, return to work, sport, and/or pre-injury functional level with minimal to no restrictions
 - Advance weight bearing and ambulation per physician orders with/without gait aides
 - Continue strengthening of hip, knee, and ankle muscle groups
 - Add hip abductor strengthening to prevent Trendelenburg gait
 - Start balance and proprioceptive training
 - Start closed chain kinetic program
 - Work on improving functional/ADL tasks as needed
 - Functional/work-specific/sport strengthening and training, if applicable
 - Customized HEP to continue once PT/OT is completed

