

Physical Therapy Prescription

TIBIAL SPINE AVULSION REHABILITATION PROTOCOL				
TIME PERIOD	WEIGHT BEARING	RANGE OF MOTION	BRACE	EXERCISES
0-2 weeks	Touch toe weight bearing with crutches.	Full Extension – stay in immobilizer at all times	Immobilizer and Splint	Straight leg raises OK with brace on.
2-6 weeks	Partial weight bearing with crutches.	Work on obtaining full extension and progressive flexion as tolerated	Brace to be worn at school/work. May be taken off at home.	Heel slides, straight leg raises. Patellar mobilization. Aquatic therapy OK once wounds healed completely. Gait training.
6 weeks - 3 months	Full weight bearing.	Continue working on Full ROM	None	Begin gentle strengthening exercises (Quads, Hamstrings, Glutes, Core)
3-6 months	Full weight bearing.	Full ROM	None	Continue strengthening and proprioceptive exercises. May begin agility/sport specific drills. Increase to full activity as tolerated.

*****Begin Physical Therapy after your first post-operative visit**

<p>Dane Todd, MD Questions please call: # 402-488-3322 Fax: 402-488-3336</p> <p>Patient Name: _____ Surgery Date: _____</p> <p>Diagnosis: status post Tibial Spine Repair Side (Circled): Right Left</p> <p>Physical therapy to evaluate and treat for post op Tibial Spine Repair using the above protocol. 1-2x per week for 12 weeks.</p> <p>Notes: _____</p> <p>MD signature: _____</p>
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