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Physical Therapy Prescription Tibial Spine Avulsion Repair

Patient Name: _____ **Date:** _____ **Surgery Date:** _____

Dx: s/p (LEFT / RIGHT) TIBIAL SPINE AVULSION REPAIR (+ / -) MENISCAL REPAIR

WEEKS 2-6

- ___ NWB / TTWB / PWB
- ___ Brace locked at 0° at all times except with PT
- ___ Gentle PROM 0-90° with PT only, okay to use CPM and do heel slides at home
- ___ Quadriceps re-education E-stim / Biofeedback
- ___ Hip progressive resistance exercises.
- ___ Straight Leg Raises in brace
- ___ Patellar mobilization
- ___ Cryokinetics for pain control
- ___ Core and hip stability, focus glutes

WEEKS 6-10

- ___ Progress ROM 0 -120°. Passive terminal extension (40° - 0°)
- ___ Leg press in 90° - 45° arc - start with eccentrics.
- ___ Begin light CKC strength in short arc
- ___ Short crank bicycle ergometry
- ___ Open brace from 0-40° with ambulation. FWB with knee flexion okay at 6 weeks
- ___ Goals - 90° flexion by end week 8; 110° flexion by end week 9
- ___ Single leg proprioception exercises progressing to unstable surface
- ___ Core and hip stability in full weight bearing
- ___ Begin sagittal plane movements and strengthening

WEEKS 10-12

- ___ Begin squat/step program in full arc
- ___ Continue proprioception with perturbations
- ___ Focus posterior chain strength
- ___ Continue closed chain Quadriceps strengthening in full arc (leg press, squat, split squat, deadlift)
- ___ Begin retro program with resistance
- ___ Nordic track/Elliptical at 8-9 weeks
- ___ Progress core strength to multi-planar movements

WEEKS 12-24

- ___ Continue CKC strength, progress to multi-planar movements
- ___ Begin functional exercise program
- ___ Multi-planar balance exercises. Core strength at the same time
- ___ Begin running program at 12-14 weeks, must have symmetric eccentric step down
- ___ Assess posture and functional movement patterns. Corrective exercise as needed

WEEKS 18-24+

- ___ Full arc progressive resistance exercises - emphasize Quads
- ___ Agility drills
- ___ Plyometrics
- ___ Olympic lifting and triple extension exercises

Frequency & Duration: (circle one) 1-2 2-3 x/week for _____ weeks

**Please send progress notes.

Physician's Signature: _____ **M.D.**