

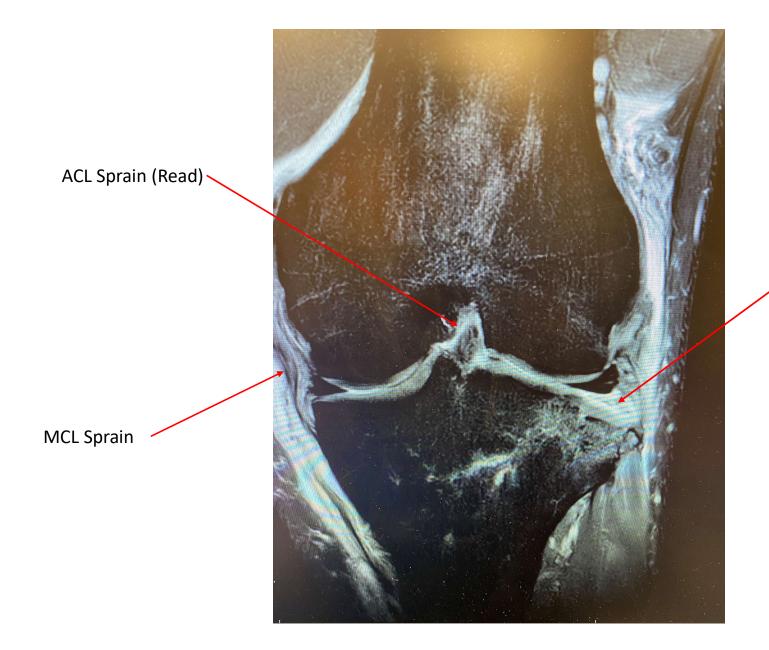
Accelerated Rehabilitation and Return to Play After Lateral Tibial Plateau Fracture & ORIF: A Case Report

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Mechanism of Injury & Diagnosis

- 23 y/o professional football player (OL)
- MOI
 - Engaged blocking -> 3rd player dives for tackle
 - Left knee injury
- Immediate care
 - On-field evaluation
 - Removed from field of play
 - Examined in sideline tent
 - RICE
- Examined again following day
 - Physical exam
 - Imaging
 - Presentation



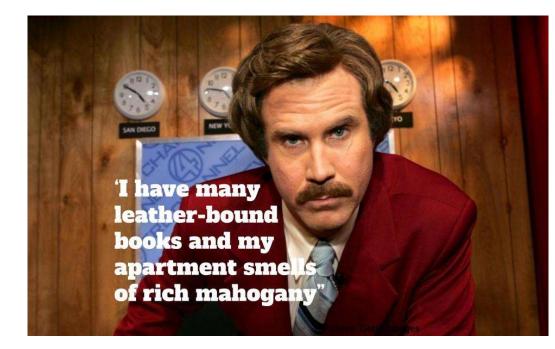
Lateral Tibial Plateau Impaction Fracture



Consultations & Treatment Decision

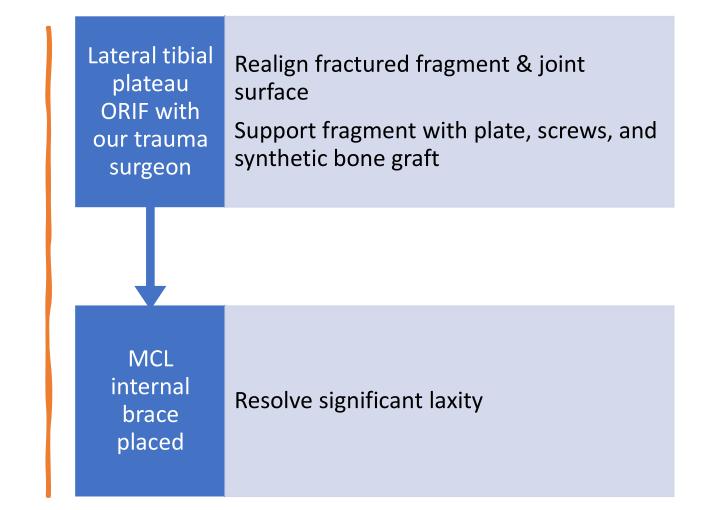
- Consultations
- Recommendation
 - ORIF and realignment of joint surface
- Athlete took several days to make his decision elected surgery

Literature Review



- Epidemiology₁₋₈
 - Account for 1% of all fractures
- Outcomes₁₋₈
 - As low as 39% return to work within 1 year if physical labor
 - Many change career
 - Increased pain and decreased function reported long term (>24 months)
- Initial Weight Bearing Limitations_{2,7,8}
 - Surgeon specific
 - Immediate vs. Delayed
- Return to Sport
 - ~70% return to sport (60% within a year) but varies based on type of surgery performed_{4,5}
 - Most at decreased competition levels_{4,5}
 - Minimal professional sport data available: 18%_{4,5}

Surgery Performed







Acute Post-Operative Care (Weeks 1-3)

Presentation after surgery

- PROM: Lack 3° 50° – empty end feel and severe pain
- Large incision anterolateral, two smaller incisions medial
- 3+ effusion and generalized LE edema
- Quad set & lag

Goals of this phase

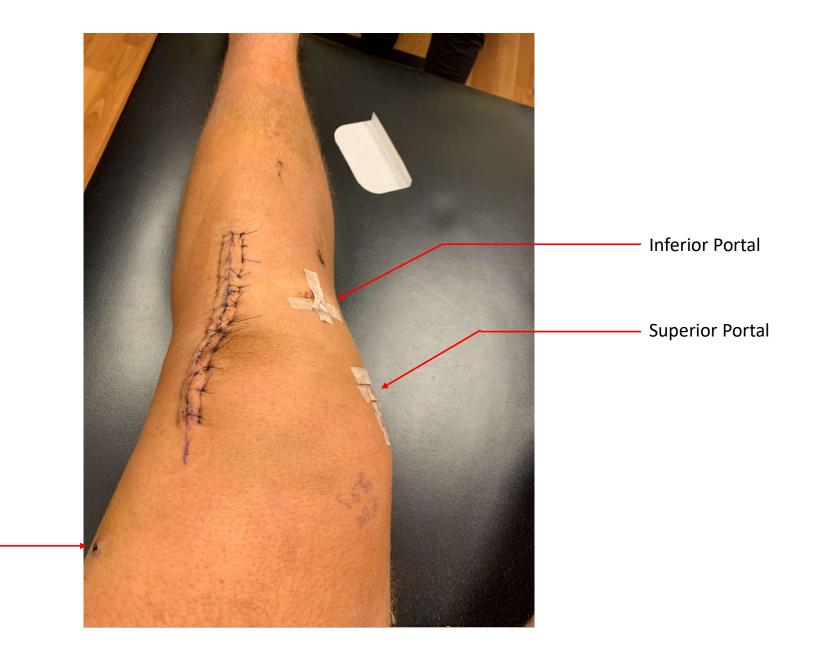
- Restore ROM (Extension > Flexion)
- Manage swelling
- Manage incisions
- Manage pain
- Restore quad

Exercise Selection

- Standard knee postop exercises
 - Strength (NWB)
 - ROM
 - NMES
- Blood flow restriction

Post-surgical restrictions

- NWB x10 weeks
- Athlete's Goal
 - Return to play same season
 - Not compatible with above restrictions



Drain site (removed)

Initiation of Weight Bearing: Post-Operative Week 4

Presentation

- AROM: 0° 120°, empty end feel
- Large 3+ effusion and generalized LE edema
- Incisions fully healed
- Zero quad lag
- Initial X-rays to assess bone healing

Goals of this phase

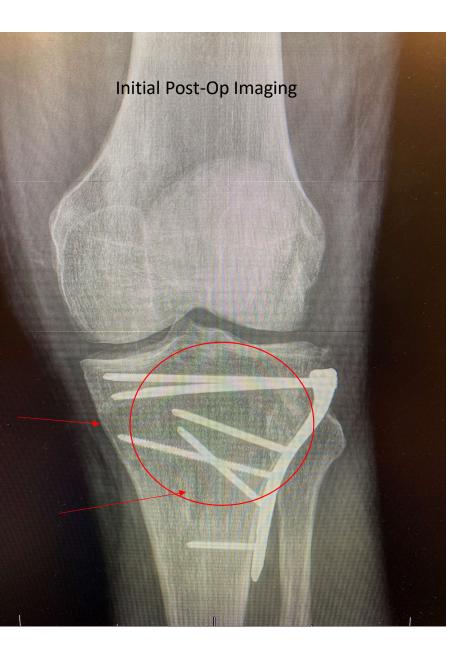
- Restore ROM
- Manage pain and swelling
- Initiate and progress weight bearing safely

Weight Bearing

 Negotiation resulted in starting 10% weight bearing (~30#)

Exercise Selection

- Progressed loads
- Pool
- Leg press





Progression of Weight Bearing: Post-Operative Weeks 4-6

Presentation

- AROM: Hyper 3^o 137^o
- PROM: Hyper 6^o normal end feel
- Effusion: 2+

Goals of this phase

- ROM WNL
- Decrease effusion
- Progress weight bearing as able
- Maximize strength

Criteria for Progression

- X-ray
- Pain/Effusion/ROM
- Gait characteristics

Weight Bearing

- Week 4: 10%-40% body weight in Alter G
- Week 5: 40%-70% body weight in Alter G
- Week 6: 70%-100% body weight in Alter G

Return to Running: Post-Operative Weeks 7-9

Presentation

- AROM: Hyper 6^o -137^o
- Effusion: Zero -Trace

Goals of this phase

- Initiate running
- Progress activity safely
- Continue to monitor bone healing & fixation
- Maximize strength

Running Initiation/Progression

- 60% BW in Alter G at week 7
- Ran over ground at week 8
 - Setback & rest
- Resume 70% BW in Alter G at week 8.5

Strength Testing

 Knee extension estimated 1RM

Return to Play: Post-Operative Weeks 9-13

Goals of this phase

- Progress activity safely
- Continue to monitor bone healing & fixation
- Make a decision (return/no return)

Running/Sport Progression

- Week 9: Alter G x2 days increasing BW -> Over ground running x2 days
- Position specific drills with medical
- Week 10: Return to practice -> Played in half of game at 10.5 weeks
- Weeks 11-12: Continue to rehab & practice
- Week 12.5: Play in full playoff game

Shared Decision Making

- Discussions with stakeholders
- Athlete
- Head ATC
- Team MD
- Front office

Update

• Doing well

What Can We Learn?

- My kid is adorable
- Shared decision making
- Don't predetermine rehab length unless there is a very good reason (e.g. 9 months w/ ACL)
- When lacking literature pick your boundaries & limiting factors (e.g. NWB & bone healing rate) and then do whatever you can do within those.
 - As boundaries and factors evolve, progress using serial re-examination.
- Motivated and determined patients make good PTs & ATs

Citations

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