



Dr. Steven Johnson

3201 S TX 256 Loop Palestine, TX 75801 | 2026 S Jackson St Jacksonville, TX 75766

Phone #: 903-729-3214

Rehabilitation Guideline for an Open Reduction Internal Fixation (ORIF) Tibial Tubercle Patient Education

General Anesthesia

- Do not drive or operate machinery for 24 hours
- Do not consume alcohol or take any sleeping medications or any other non-prescription medication for 24 hours
- Do not make important decisions or sign any important documents in the next 24 hours
- A responsible adult **MUST** stay with you for the rest of the day and also during the night

Wound Care

- Dressings are to be kept clean and dry. You may remove the dressing 72 hours after your surgery. Do not remove the paper strips over the incisions; they help support the incisions while they are healing. Incisions are closed with stitches under the skin that absorb on their own. A small amount of clear or bloody drainage is normal. A light gauze may be applied to the operative site. This should be changed daily until drainage stops.
- You may shower once dressings are removed. Gently wash incisions with soap and water. The surgical wound should be patted dry with a clean towel after showering. Do not take baths or soak the incisions until 2 weeks after surgery.

Pain and Swelling

- Ice your knee as frequently as possible for 15-20 minutes. Do not place ice directly on skin as it may cause damage to the skin. Once dressings are removed, place a towel between the ice and your skin.
- Narcotic pain medication will be prescribed for you when you leave the hospital. Take this as directed on the prescription. You may also take up to 400mg of ibuprofen every 6 hours if necessary to help control pain. Do not take this if you have a history of stomach ulcers or are taking blood thinning medications such as Coumadin or Plavix. Discontinue ibuprofen if you develop an upset stomach while taking them. You may become constipated from pain medications. Increase your fluid intake while taking pain medications such as water, prune juice, orange juice, etc. If you are still having a problem you may also take a stool softener.

Driving

- Driving may resume once you are no longer taking narcotic medications.
- If you had surgery performed on the left knee, once you have stopped taking the narcotic medication, you may begin to drive. If surgery was performed on the right knee, you may drive once you are no longer taking narcotic medication, can ambulate without crutches, and you are confident you can push the brake pedal quickly if necessary. This is generally around 1-2 weeks after surgery.

Rehabilitation

- Below you will find the therapy program that you will be following for the next several weeks to months. They have been laid out into different categories such as appointments, rehabilitation goals, precautions, suggested therapeutic exercises, range of motion exercises, cardiovascular, and progression criteria. Keep in mind that this is a general timeline and subject to change per patient needs directed by your surgeon.

CALL YOUR SURGEON SHOULD ANY OF THE FOLLOWING OCCUR

- Fever over 100 degrees taken by mouth or 101 degrees if taken rectally
- Pain not relieved by medication prescribed
- Swelling around incision
- Increased redness, warmth, hardness, or foul odor around incision or examination site
- Numbness, tingling, or cold fingers or toes
- Blood-soaked dressing (small amounts of oozing may be normal)
- Increasing and progressive drainage from incision or examination site
- Unable to urinate
- Persistent nausea/vomiting or inability to eat or drink

Phase I (surgery - 2 weeks post op)

Date: _____

Appointments	<ul style="list-style-type: none"> • No physical therapy for the first two weeks. • Appointment with physician's office 2 weeks post op.
Rehabilitation Goals	<ul style="list-style-type: none"> • Quadricep activation
Precautions	<ul style="list-style-type: none"> • Non-weight bearing or toe touch weight bearing if able to. Knee in immobilizer at all times for 2 weeks and switch to range of motion brace
Suggested Therapeutic Exercise	<ul style="list-style-type: none"> • Quad sets • Straight leg raise • 4-way hip exercises
Cardiovascular Exercise	<ul style="list-style-type: none"> • None at this time
Progression Criteria	<ul style="list-style-type: none"> • 2+ weeks post op • Routine healing on x-ray with no post-surgical changes • Quad activation

Phase II (2 - 6 weeks post op)

Date: _____

Appointments	<ul style="list-style-type: none"> • Physical therapy appointments to begin 2 weeks post op • Appointments with doctors office 6 weeks post op
Rehabilitation Goals	<ul style="list-style-type: none"> • Quadricep growth • Increase range of motion by 30 degrees every week <ul style="list-style-type: none"> ○ Week 3 – 30 degrees ○ Week 4 – 60 degrees ○ Week 5 – 90 degrees ○ Week 6 – 120 degrees • Week 5 progress to WBAT
Precautions	<ul style="list-style-type: none"> • Non-weight bearing or toe touch weight bearing, progress to WBAT at week 5. Knee in ROM brace at all times, may unlock once full motion and leg control.
Suggested Range of Motion	<ul style="list-style-type: none"> • Week 3 – 30 degrees • Week 4 – 60 degrees • Week 5 – 90 degrees • Week 6 – 120 degrees
Suggested Therapeutic Exercise	<ul style="list-style-type: none"> • Continue strengthening quadricep muscle NWB
Progression Criteria	<ul style="list-style-type: none"> • 6+ weeks post op • Routine healing on x-ray with no post-surgical changes • Quad activation • Knee flexion to 90 degrees

Phase III (6 - 8 weeks post op)

Date: _____

Appointments	<ul style="list-style-type: none"> • Physical therapy appointments to begin 2 weeks post op • Appointments with doctors office 8 weeks post op
--------------	--

Rehabilitation Goals	<ul style="list-style-type: none"> ● Quadricep growth ● Increase range of motion by 30 degrees every week <ul style="list-style-type: none"> ○ Week 6 – 120 degrees ● Week 5 progress to WBAT to Full WB <ul style="list-style-type: none"> ○ Week 5 – 25% weight ○ Week 6 – 50% weight ○ Week 7 – 75% weight ○ Week 8 – 100% weight
Precautions	<ul style="list-style-type: none"> ● Non-weight bearing or toe touch weight bearing, progress to WBAT at week 5. Knee in ROM brace at all times, may unlock once full motion and leg control.
Suggested Range of Motion	<ul style="list-style-type: none"> ● Week 6 – 120 degrees ● Week 7 – remaining ROM needed
Suggested Therapeutic Exercise	<ul style="list-style-type: none"> ● Continue strengthening quadricep muscle NWB ● Begin double leg and single leg strength and balance once full WB
Progression Criteria	<ul style="list-style-type: none"> ● 8+ weeks post op ● Routine healing on x-ray with no post-surgical changes ● Quad activation ● Full knee ROM and strength

Phase IV (9 - 12 weeks post op)

Date: _____

Appointments	<ul style="list-style-type: none"> ● Physical therapy appointments per PT ● Appointments with doctors' office 12 weeks post op
Rehabilitation Goals	<ul style="list-style-type: none"> ● Build and maintain muscle growth in leg ● Proprioception restored in both legs ● Begin running program ● Begin sport specific exercises for return to sport/activity
Precautions	<ul style="list-style-type: none"> ● Running program to begin 10-week mark ● Avoid overcompensations on either leg ● Avoid muscle imbalances
Suggested Range of Motion Exercise	<ul style="list-style-type: none"> ● Maintain full motion in leg ● Stretch any muscle imbalances seen during exercises
Suggested Therapeutic Exercise	<ul style="list-style-type: none"> ● Continue strengthening quadricep muscle NWB ● Sport/activity specific exercises
Cardiovascular Exercise	<ul style="list-style-type: none"> ● 10 Weeks: Begin Running Program ● Begin Plyometric drills once running program is completed.
Progression Criteria	<ul style="list-style-type: none"> ● Clearance from physician office for return to sport/activity ● Clearance from athletic trainer/physical therapy

Questions: contact our office at 903-729-3214 Opt. 0

****Disclaimer: Please note that this protocol is not exact to the patient. It is up to the treating physician when the athlete/patient is able to return to full activities. Time of phases will vary among the specific patient.****