



TIBIAL PLATEAU FRACTURE

■ ■ ■ Description

A tibial plateau fracture is a complete or incomplete break in the larger of the two leg bones (tibia) involving the knee joint. This fracture is common due to the lack of soft tissue around the structure and the relatively soft bone of the tibia at the knee joint. These have been called “bumper injuries” due to the susceptibility of the tibial plateau to fracture when hit by a car bumper.

■ ■ ■ Common Signs and Symptoms

- Severe pain in the leg at the time of injury
- Tenderness and swelling in the leg or calf
- Bleeding and bruising in the leg
- Inability to bear weight on the injured extremity
- Visible deformity if the fracture is complete and the bone fragments separate enough to distort normal leg contours
- Numbness and coldness in the leg and foot beyond the fracture site if the blood supply is impaired

■ ■ ■ Causes

- Injury causing a force greater than the bone can withstand
- Usually due to a direct blow
- Indirect stress caused by twisting or bending

■ ■ ■ Risk Increases With

- Contact sports
- Motor sports
- Bony abnormalities (including osteoporosis), tumors of bone
- Metabolic disorders, hormone problems, and nutritional deficiencies and disorders (anorexia or bulimia)
- Poor physical conditioning (strength and flexibility)

■ ■ ■ Preventive Measures

- Appropriately warm up and stretch before practice or competition.
- Maintain appropriate conditioning:
 - Thigh, knee, and leg strength
 - Flexibility and endurance
 - Cardiovascular fitness
- Wear proper protective equipment (such as shin guards for soccer).

■ ■ ■ Expected Outcome

This condition is usually curable with appropriate treatment.

■ ■ ■ Possible Complications

- Failure to heal (nonunion)
- Healing in a poor position (malunion)
- Compartment syndrome (excessive pressure within the leg, causing injury to the blood supply to the leg and foot and injuring the nerves and muscles to the leg and foot)
- Shortening of the injured bones
- Arrest of normal bone growth in children
- Risks of surgery, including infection, bleeding, injury to nerves (numbness, weakness, paralysis), and need for further surgery
- Infection in open fractures (the skin is broken over fracture site)
- Unstable or arthritic knee joint
- Prolonged healing time if activity is resumed too quickly
- Proneness to repeated leg injury
- Stiff knee

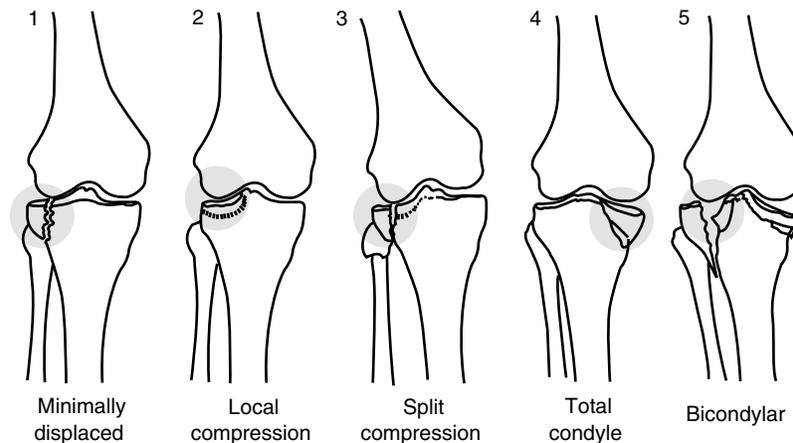


Figure 1

From Shankman GA: Fundamental Orthopaedic Management for the Physical Therapy Assistant. St. Louis, Mosby Year Book, 1997, p. 179.

■ ■ ■ General Treatment Considerations

Initial treatment consists of medications, elevation of the leg, and ice to relieve pain and reduce swelling. Treatment requires immobilization with a cast or brace, especially if the fracture is in proper alignment and position. Surgery is recommended to reduce the fracture into proper alignment and position, using plates or screws to correct the alignment if the fracture results in an uneven joint. Occasionally, a bone graft from the hip or from the bone bank is used to augment the surgical reduction. This is because when the bone is compressed during the fracture, it does not restore its normal volume when pushing the bone back to the joint. Surgery may be performed with an open incision, although for certain fractures arthroscopy may be used to assist in confirming restoration of a smooth joint surface. After immobilization (with or without surgery), stretching and strengthening of the injured and weakened joint and surrounding muscles (due to the injury and the immobilization) are necessary. These may be done with or without the assistance of a physical therapist or athletic trainer.

■ ■ ■ Medication

- Nonsteroidal anti-inflammatory medications, such as aspirin and ibuprofen (do not take within 7 days before surgery), or other minor pain relievers, such as acetaminophen, are often recommended. Take these as directed by your physician. Contact your physician immediately if any bleeding, stomach upset, or signs of an allergic reaction occur.

- Narcotic pain relievers may be prescribed by your physician for severe pain. Use only as directed.

■ ■ ■ Cold Therapy

Cold is used to relieve pain and reduce inflammation. Cold should be applied for 10 to 15 minutes every 2 to 3 hours for inflammation and pain and immediately after any activity that aggravates your symptoms. Use ice packs or an ice massage.

■ ■ ■ Notify Our Office If

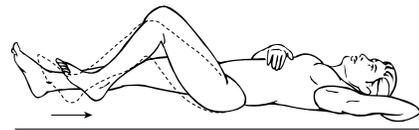
- Symptoms get worse or do not improve in 2 weeks despite treatment
- The following occur after immobilization or surgery (report any of these signs immediately):
 - Swelling above or below the fracture site
 - Severe, persistent pain
 - Blue or gray skin below the fracture site, especially under the toenails, or numbness or loss of feeling below the fracture site
- New, unexplained symptoms develop (drugs used in treatment may produce side effects)

EXERCISES

➤ RANGE OF MOTION AND STRETCHING EXERCISES • Tibial Plateau Fracture

These are some of the *initial* exercises you may start your rehabilitation program with until you see your physician, physical therapist, or athletic trainer again or until your symptoms are resolved. Please remember:

- Flexible tissue is more tolerant of the stresses placed on it during activities.
- Each stretch should be held for 20 to 30 seconds.
- A *gentle* stretching sensation should be felt.



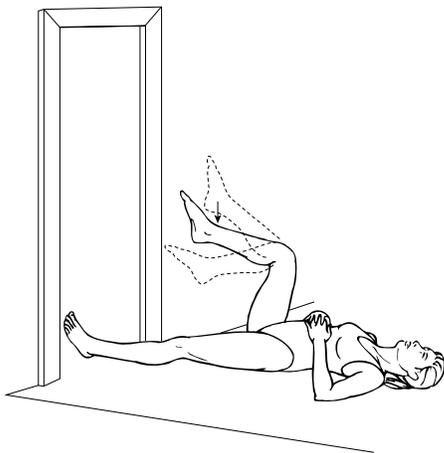
RANGE OF MOTION • Knee Flexion

1. Lie on your back with your legs out straight.
2. Slowly slide your heel toward your buttocks. Bend your knee as far as is comfortable to get a stretching sensation.
3. Hold for _____ seconds.
4. Return your leg to the starting position.
5. Repeat exercise _____ times, _____ times per day.



RANGE OF MOTION • Knee Flexion and Extension

1. Sit on the edge of a table or chair.
2. Use the uninjured/unaffected leg to straighten (extend) and bend (flex) the injured/affected leg.
3. **Flexion**—Cross your ankles, placing the uninjured or unaffected leg on top of the injured/affected leg. Pull your heel(s) backward under the surface you are sitting on to increase the amount you can bend your knee.
4. **Extension**—Cross your ankles, placing the uninjured or unaffected leg under the injured/affected leg. Pull your heel(s) backward under the surface you are sitting on to increase the how much you can straighten your knee.
5. Repeat exercise _____ times, _____ times per day.



RANGE OF MOTION • Gravity Knee Flexion

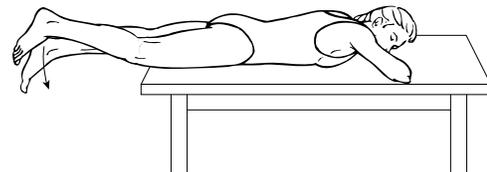
1. Lie on the floor as shown with your toes/foot lightly touching the wall.
2. Allow your toes/foot to slide down the wall, allowing gravity to bend your knee for you.
3. Obtain a “comfortable” stretching sensation.
4. Hold this position for _____ seconds. Then return the leg to the starting position.
5. Repeat exercise _____ times, _____ times per day.



RANGE OF MOTION • Knee Extension Sitting

1. Sit with your leg/heel propped on another chair as shown. You may also prop your foot up on a rolled-up towel, a table, or a foot stool.
2. Relax, letting gravity straighten out your knee.
3. Hold this position for _____ seconds.
4. Repeat exercise _____ times, _____ times per day.

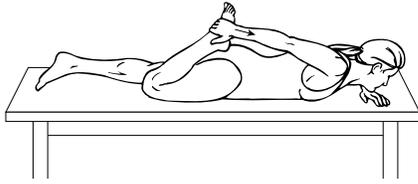
Note: If authorized by your physician, physical therapist, or athletic trainer, you may place a _____ pound weight on your thigh just above your kneecap to obtain a more effective stretch.



RANGE OF MOTION • Knee Extension, Prone

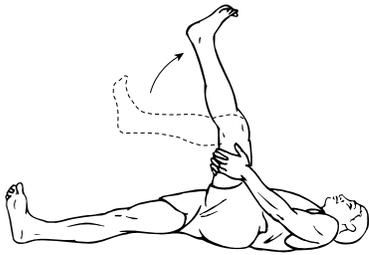
1. Lie on your stomach on a bed or sturdy table with your knee and leg off the table. The kneecap should be off the edge of the bed or table.
2. Allow gravity to straighten your knee for you.
3. Hold this position for _____ seconds.
4. Repeat exercise _____ times, _____ times per day.

Note: If authorized by your physician, physical therapist, or athletic trainer, you may place a _____ pound weight on your ankle to obtain a more effective stretch.



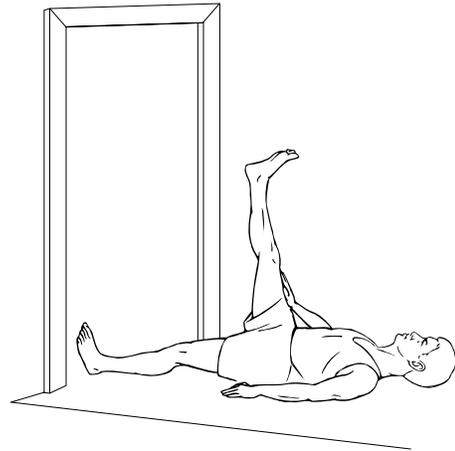
STRETCH • Quadriceps, Prone

1. Lie on your stomach as shown.
2. Bend your knee, grasping your toes, foot, or ankle. If you are too “tight” to do this, loop a belt or towel around your ankle and grasp that.
3. Pull your heel toward your buttock until you feel a stretching sensation in the front of your thigh.
4. Keep your knees together.
5. Hold this position for _____ seconds.
6. Repeat exercise _____ times, _____ times per day.



FLEXIBILITY • Hamstrings

1. Lie on your back with your leg bent and both hands holding on to it behind the thigh as shown.
2. Your hip should be bent to **90 degrees** and the thigh pointing straight at the ceiling.
3. Straighten out your knee as far as you can. Keep your thigh pointing straight toward the ceiling.
4. Keep the other leg flat on the floor.
5. Hold this position for _____ seconds.
6. Repeat exercise _____ times, _____ times per day.



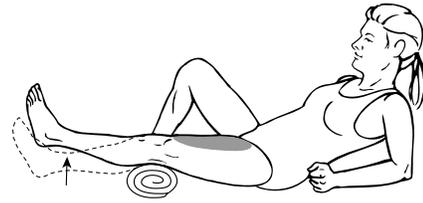
FLEXIBILITY • Hamstrings, Doorway

1. Lie on your back near the edge of a doorway as shown.
2. Place the leg you are stretching up the wall keeping your knee straight.
3. Your buttock should be as close to the wall as possible and the other leg should be kept flat on the floor.
4. You should feel a stretch in the back of your thigh.
5. Hold this position for _____ seconds.
6. Repeat exercise _____ times, _____ times per day.

> **STRENGTHENING EXERCISES** • Tibial Plateau Fracture

These are some of the *initial* exercises you may start your rehabilitation program with until you see your physician, physical therapist, or athletic trainer again or until your symptoms are resolved. Please remember:

- Strong muscles with good endurance tolerate stress better.
- Do the exercises as *initially* prescribed by your physician, physical therapist, or athletic trainer. Progress slowly with each exercise, gradually increasing the number of repetitions and weight used under their guidance.

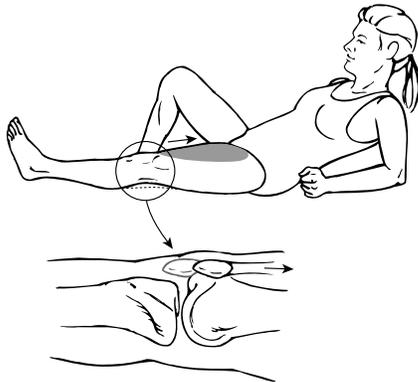


STRENGTH • Quadriceps, Short Arcs

1. Lie flat or sit with your leg straight.
2. Place a ____ inch roll under your knee, allowing it to bend.
3. Tighten the muscle in the front of your knee as much as you can, and lift your heel off the floor.
4. Hold this position for ____ seconds.
5. Repeat exercise ____ times, ____ times per day.

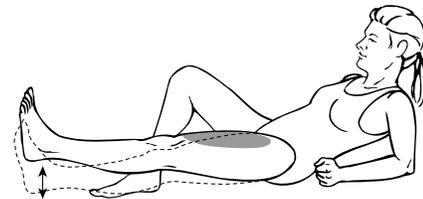
Additional Weights: OK TO USE DO NOT USE!!!

If okay'd by your physician, physical therapist, or athletic trainer, a ____ pound weight may be placed around your ankle for additional weight.



STRENGTH • Quadriceps, Isometrics

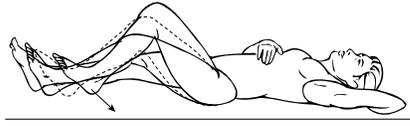
1. Lie flat or sit with your leg straight.
2. Tighten the muscle in the front of your thigh as much as you can, pushing the back of your knee flat against the floor. This will pull your kneecap up your thigh, toward your hip.
3. Hold the muscle tight for ____ seconds.
4. Repeat this exercise ____ times, ____ times per day.



STRENGTH • Quadriceps, 7 Count

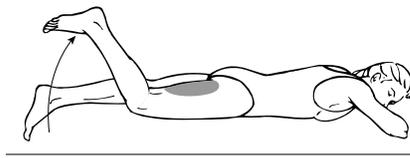
The quality of the muscle contraction in this exercise is what counts the most, not just the ability to lift your leg!

1. Tighten the muscle in front of your thigh as much as you can, pushing the back of your knee flat against the floor.
2. Tighten this muscle **harder**.
3. Lift your leg/heel 4 to 6 inches off the floor.
4. Tighten this muscle **harder again**.
5. Lower your leg/heel back to the floor. Keep the muscle in front of your thigh as tight as possible.
6. Tighten this muscle **harder again**.
7. Relax.
8. Repeat exercise ____ times, ____ times per day.



STRENGTH • Hamstring, Isometrics

1. Lie on your back on the floor or a bed.
2. Bend your knee approximately _____ degrees.
3. Pull your heel into the floor or bed as much as you can.
4. Hold this position for _____ seconds. Rest for _____ seconds.
5. Repeat exercise _____ times, _____ times per day.

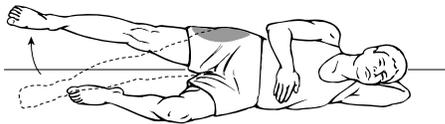


STRENGTH • Hamstring, Curls

1. Lie on your stomach with your legs out straight.
2. Bend knee to 90 degrees. Hold this position for _____ seconds.
3. Slowly lower your leg back to the starting position.
4. Repeat exercise _____ times, _____ times per day.

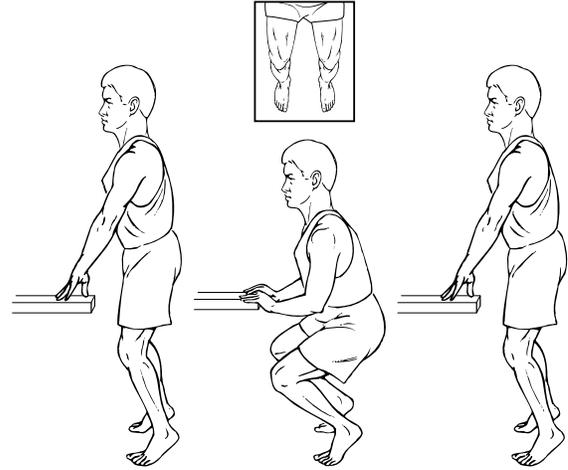
Additional Weights: OK TO USE DO NOT USE!!!

If okay'd by your physician, physical therapist, or athletic trainer, a _____ pound weight may be placed around your ankle for additional weight.



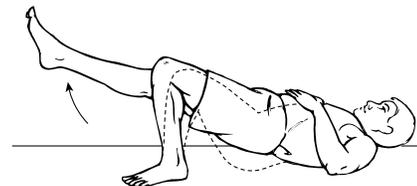
STRENGTH • Hip Abduction

1. Lie on your side as shown with the injured/weak leg on top.
2. Bend the bottom knee slightly for balance. Roll your top hip slightly forward.
3. Lift your top leg straight up, leading with your heel. Do not let it come forward. Hold this position for _____ seconds.
4. Slowly lower your leg to the starting position.
5. Repeat exercise _____ times, _____ times per day.



STRENGTH • Quads

1. Stand with your feet shoulder-width apart and place equal weight on both legs.
2. Keep your kneecaps in line with your toes.
3. Slowly bend both knees, keeping **equal weight** on both legs, and return to a standing position.
4. **Do not bend your knees more than 90 degrees.**
5. You may use the edge of a table or counter for balance if needed.
6. Repeat exercise _____ times, _____ times per day.



STRENGTH • Hip Extension

1. Lie on your back with your knees bent and feet flat on the floor.
2. Push down, raising your hips/buttocks off the floor.
3. Keep your pelvis level. Do not allow it to turn/rotate.
4. You may do this exercise with both legs together (which is easier) or with just one leg as shown (which is harder). Hold this position for _____ seconds.
5. Slowly lower to the starting position.
6. Repeat exercise _____ times, _____ times per day.

Notes:

(Up to 4400 characters only)

Notes and suggestions