

Dr. Ryan M. Siwiec
Luke Dillon, PA-C
3100 Cross Creek Pkwy, Suite 200
Auburn Hills, MI
248.377.8000
www.DrSiwiec.com



CENTER FOR
Advanced Orthopedics
AND SPORTS MEDICINE



Physical Therapy Prescription – Pediatric Tibial Spine/ACL Fracture fixation

Name: _____

Date of Surgery: _____

Diagnosis: R / L Knee Tibial Spine Fixation

****Special Considerations:**

Frequency: 2-3 times per week for _____ weeks

PHASE I (week 0-6): Protection, decrease swelling, activate quadriceps muscle

Weightbearing: POD 0: TTWB w/ crutches @2wks: Partial WBing @4wks→ WBAT

Brace: Week 0-3: Locked in full extension for ambulation and sleeping

Week 4: brace off while sleeping.

Week 6: Unlock brace in 30 degree increments

Week 8: brace OFF

Range of Motion: Active assist to Active ROM as tolerated.

Expect: 0-90deg by 3 wks → 0-125deg by 6wks

*STRONG FOCUS on maintaining FULL EXTENSION EARLY!

Therapy Exercises: Patellar mobilization, straight leg raises in locked brace until quad activation returns, Quad sets/Heel slides, Modalities per therapist, Estim, U/S, Heat (before)/Ice (after)

PHASE III (week 7-12):

Range of Motion: Progress to Full and Painless

Therapy Exercises: Advance closed chain strength and proprioception, Begin stationary bike

12 weeks: straight forward/treadmill running permitted under PT supervision

PHASE IV (Week 13-18):

Mini-wall squats 0-60deg

Lateral Lunges & Step ups

Hip Abduction/Adduction

Short-Arc Leg press

Stair Master, Elliptical, Bike

PHASE V (5-6 Months): Gradual return to sport

Initiate Plyometric program appropriate for athletic goals

Agility progression → side steps + Crossovers, Figure 8, Shuttle Runs

Continue Running progression

Sport Specific drills

6-8 months: consider functional assessment

Physician Signature: _____

Date: _____

For more orthopedic information and rehab protocols visit www.DrSiwiec.com