

Tibia Fracture ORIF (Distal / Pilon) Rehabilitation Protocol

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Patient: _____ **DOS:** _____

Surgeon Parameters

Touch-down until _____ wks (default 6) Pilon / intra-articular: ☐	Other Precautions:
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Elevation and wound healing come first. Parameters above are patient-specific and supersede the general timeframes below; loading advances with radiographic healing and surgeon clearance.

Phase	Weight Bearing & Immobilization	Motion	Strengthening & Function
Phase 1 <i>Weeks 0–2</i>	Weight Bearing & Immobilization - Splint; foot-flat touch-down (~20 lb) with crutches - Strict elevation	Motion Knee AROM; toe motion	Strengthening & Function Quad sets, SLR, hip and core
► Advance to Phase 2 when: incision healed at the 2-wk visit.			
Phase 2 <i>Weeks 2–6</i>	Weight Bearing & Immobilization CAM boot (distal tibia/pilon); touch-down continues	Motion - Ankle and subtalar AROM out of the boot - Full knee ROM	Strengthening & Function - Seated calf isometrics, intrinsic foot work - Pool once incision fully healed
► Advance to Phase 3 when: healing on 6-wk radiographs, ankle dorsiflexion to neutral.			
Phase 3 <i>Weeks 6–12</i>	Weight Bearing & Immobilization - Progress ~25% per week to full after radiographs; wean boot If pilon: touch-down typically 10–12 wks per parameters	Motion Full ROM; joint mobilization, dorsiflexion stretching	Strengthening & Function - Closed-chain work, calf raises, balance - Gait normalization; bike, pool
► Full Release (typically 4–6 months): radiographic union, normal gait, functional ankle ROM, strength ≥80–90% of the other side, cleared by physician. Running ~4–6 mo once united; after pilon fractures, impact may stay limited.			

Thank you for taking care of our patient.

This protocol serves as a general guideline and outline only. Our team defers to the clinical judgment and expertise of the treating physical therapist to make appropriate adjustments and modifications based on the individual patient's presentation, progress, and response to treatment. For any questions regarding this protocol, please contact Dr. Wollenman directly at (561) 215 – 0184.