

Table 1: Inclusion and exclusion criteria.

Inclusion Criteria:	Exclusion Criteria:
<ul style="list-style-type: none"> • Patients who underwent surgical modality of treatment for the particular proximal tibial fracture classified as per Schatzker's classification. • Patients above 18 years of Tibial plateau fractures with 5mm or more displacement or depression or step 	<ul style="list-style-type: none"> • Age less than 18 years, • All open fractures • Fractures with <5mm displacement or depression or step • Fractures with neurovascular injury • All floating knee injuries. • Compartment syndrome • Other injuries which hampers post op recovery and mobilization (polytrauma)

Table 2: Physiotherapy protocol

Phase 1	Immediate post op period (0-1 weeks)
Rehabilitation goals	<ul style="list-style-type: none"> • Reduce swelling and oedema • Minimize pain • Start knee flexion as per pain tolerance. • Knee flexion to be gained 10⁰-15⁰/week and strict non weight bearing.
Actions / Interventions	<p>Swelling management –</p> <ul style="list-style-type: none"> • Ice pack application and elevation • Active ankle pumps • Long extension knee brace <p>Range of Motion / mobility</p> <ul style="list-style-type: none"> • Knee passive range of motion and active assisted range of motion • Static quadriceps exercises
Phase 2	1-3 weeks
Rehabilitation goal	<ul style="list-style-type: none"> • Improve knee flexion further with a target of 10⁰-15⁰ /week • Improve strength of quadriceps and hamstrings by resisted exercises and dynamic strengthening exercise by application of weights. • 90⁰ of flexion to be achieved by end of 3 weeks

Action / Interventions	<ul style="list-style-type: none"> •Continue static quadriceps exercise and with weights applied. •VMO exercises •Hip abductor strengthening exercises and resisted quadriceps exercise. •SLR with brace locked in full extension. •Patella and soleus stretching exercises •Continue ice pack application if swelling persist. <p>Continue to remain non weight bearing</p>
Phase 3	3-6 weeks
Rehabilitation goals	Further increase in knee ROM to normal or near normal (up to 140°). Non weight bearing till further advice
Actions / Interventions	Repeat as phase 2 with increase in frequency and repetitions.

Table 3. Assessment of knee ROM at end of 3 weeks post operatively with various implants

ROM at 3 rd week (in degrees)	Cancellous Cannulated screws	Dual plating	Lateral plating	Medial plating	Combined	MIPPO	Total
40	0	1	0	0	0	0	1
50	0	4	0	0	0	1	5
60	0	6	0	0	0	2	8
70	1	8	0	2	3	4	18
80	6	2	3	2	1	1	15
90	12	0	3	3	3	0	1
Total	19	21	6	7	7	8	68

Table 4. Assessment of knee ROM at end of 6 weeks post operatively with various implants

ROM at 6 th wk (in degrees)	Cancellous Cannulated screws	Dual platting	Lateral platting	Medial platting	Combined	MIPPO	Total
100	0	7	0	0	0	2	9
110	0	7	0	0	0	2	9
120	1	7	0	2	4	4	18
130	10	0	3	4	2	0	19
140	8	0	3	1	1	0	13
Total	19	21	6	7	7	8	68

Table 5. Association between early mobilization in type of fractures and ROM at 3rd week

ROM at 3 rd week	Type I , Type II and Type III	Type IV, Type V and Type VI	Total
40 ,50 and 60	01	29	30
70, 80 and 90	14	24	38
Total	15	53	68
Chi square value 10.9487, df = 1 and p value = 0.000937 (<0.05).			

Table 6. Association between early mobilization in type of fractures and ROM at 6th week

ROM at 6 th week	Type I , Type II and Type III	Type IV, Type V and Type VI	Total
100 ⁰ ,110 ⁰ &120 ⁰	03	27	30
130 ⁰ and 140 ⁰	33	5	38
Total	36	32	68
Chi square value 39.7338, df = 1 and p value = 0.001			

Table 7. Stretching techniques

Static (most common)	Dynamic	Pre-Contraction
<ul style="list-style-type: none">• Active• Passive	<ul style="list-style-type: none">• Active• Ballistic	<ul style="list-style-type: none">• PNF and other techniques