



TRAUMATIC BURST/COMPRESSION FRACTURE

General debraced at 10-12 weeks, then referred to Physical Therapy.

Evaluation

HX: Nature of trauma, additional injuries, level(s) of fracture, fracture healing status at last x-ray.
PAIN: Typically minimal by this time; ? medication management.
POSTURE/BODY MECHANICS: Sleeping, sitting, standing, lifting, bending, ADL.
SOFT TISSUE INTEGRITY
INTERSEGMENTAL JOINT MOBILITY
NEURO: Myotomes, dermatomes, DTR's, SLR.
STRENGTH: Core weakness secondary to bracing, extremity deconditioning secondary to decreased activity.
FUNCTIONAL STATUS: Home/ADL, work, exercise program, recreation, gait.

Education

Precautions: Flexion, rotation, and axial loading.
Posture: Sleeping, sitting, standing.
Mechanics: Bending, lifting, ADL.
Walking Program: Low impact endurance activity.
Healing Risk Factors: Smoking, alcohol, inactivity, diet.

Treatment

- Begin core strengthening progression:
 - ~ supine → prone → quadruped → kneeling → standing
 - ~ non-compliant/stable surface → compliant/less stable surface
 - ~ static → dynamic
 - ~ wide base of support → narrow base of support
 - ~ internal challenge → external challenge
- Possible aquatic program, particularly if load sensitive.
- Extremity strength and conditioning with dynamic core stability.
- Flexibility/stretching, gentle trunk range of motion.
- Repetitive posture/body mechanics education.
- Possible modalities to augment treatment for pain/tightness.
- Soft tissue mobilization if indicated.
- Grade I & II joint mobilization.

Goals

- Independent home exercise program including strengthening, flexibility, and endurance.
- Independent with pain management strategies if necessary.
- Return to work per physician restrictions.
- Independent with postural self-correction.
- Able to demonstrate appropriate body mechanics with ADL, home/gym program, work simulated activity.
- Return to recreational activity per physician restrictions.