Physical Therapy & Sports Rehab, Inc.

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I Fractured My Knee

What You Need to Know

What Is a Knee Fracture?

A knee fracture involves a break in one or more of the bones that make up the knee joint — most commonly the patella (kneecap), the tibial plateau (the top of the shin bone), or the distal femur (the bottom of the thigh bone). Fractures range from hairline cracks to complex breaks with multiple fragments, and treatment depends on the type, location, and displacement of the break.

Common Types of Knee Fractures

- Patellar fracture — a break in the kneecap, often from a direct blow or a fall onto the knee
- Tibial plateau fracture — a break at the top of the shin bone, often from a high-impact fall or vehicle accident
- Distal femur fracture — a break at the lower end of the thigh bone, common in high-energy injuries or in older adults with osteoporosis
- Stress fracture — a small crack from repetitive overloading, seen in runners and military recruits

What Does It Feel Like?

- Immediate, severe pain at the time of injury
- Rapid swelling and bruising around the knee
- Inability to straighten the knee or bear weight
- Visible deformity in severe cases
- Tenderness directly over the fractured bone
- In stress fractures: gradual onset of pain with activity that worsens over time

How Is It Treated?

Treatment depends on the type and severity of the fracture:

Non-surgical (conservative) management:

- Immobilization in a cast, brace, or splint for 4–8 weeks
- Non-weight-bearing or partial weight-bearing with crutches
- Appropriate for non-displaced fractures (fragments still in correct position)

Surgical management:

- Open reduction and internal fixation (ORIF) — plates, screws, or wires used to hold fragments in place
- Required for displaced fractures, comminuted fractures (many fragments), or fractures that disrupt the joint surface
- Patellar fracture surgery may involve repair or partial patellectomy if fragments are not repairable

What Can I Expect During Recovery?

Weeks 1–6: Protection and healing

- Limited or no weight-bearing as directed by your surgeon
- Swelling and pain management — ice, elevation, medication
- Gentle range-of-motion exercises as permitted

Weeks 6–12: Progressive weight-bearing and motion

- Weight-bearing progresses as the fracture heals on X-ray
- Physical therapy begins in earnest — restoring motion, strength, and walking pattern

Months 3–6+: Strengthening and return to function

- Progressive strengthening of the entire leg
- Balance and proprioception training
- Return to full activity is highly dependent on fracture type and surgical approach

When Should I Be Concerned?

- Signs of infection after surgery: increasing redness, warmth, discharge, or fever
- Loss of sensation, color change, or coolness in the foot — possible vascular or nerve injury
- Calf pain or swelling — possible blood clot
- Pain that is significantly worsening rather than gradually improving

How Physical Therapy Helps

Rehabilitation after a knee fracture is essential for restoring full function. Your physical therapist will work closely with your surgeon to progress you safely — rebuilding strength, motion, balance, and confidence in the knee at every stage of bone healing. The quality and consistency of your rehabilitation directly determines how well and how quickly you return to your life.

With proper surgical care and dedicated physical therapy, most patients reach functional independence within **3 to 6 months**.

This information is for general educational purposes only and is not a substitute for a professional evaluation. Call us today — we have immediate openings with no waitlist.

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