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in the study conducted by li et al. [6], patients with tibial plateau fractures were divided into two groups according to the number of injuries sustained: group a with a single injury and group b with two or more injuries. frost-arnold et al. (2014) evaluated the tui's functional score (tuis) and its association with health-related quality of life and return-to-work in patients with tibial plateau fractures treated with open reduction and internal fixation [17]. tuis is a quick, easy, and inexpensive objective assessment tool that can be completed in 10minutes by a physician. the 10 items are pain, swelling, deformity, limitation of range of motion, strength, walking, stability, activities of daily living, work, and patient-reported outcome. each item is scored from 0 to 3. we found that the tuis score correlates significantly with all scales of the short form 36, and the disabilities of the arm, shoulder, and hand instrument. the time to return to work correlated with the scale on the disabilities of the arm, shoulder, and hand instrument [17]. a total of 84 patients were included in this study with a mean age of 54years. the tuis score ranged from 8 to 27 with an average of 16.1 points. the lowest scores in this study were in patients older than 60years of age (average of 12.5 points) and older patients with a higher bmi had a lower score [17]. all patients were followed up for an average of 14.8months. the scores in this study are lower than those found in the nurd study and may be due to a shorter follow-up time. another important consideration is that patients were allowed to work in the study by frost-arnold et al. [17]. the use of a tuis score may therefore be better suited for patients who are given the choice of returning to work or not, as opposed to patients who are not allowed to work or who are forced to work at another job.



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leikin et al. evaluated the effect of surgical fixation on the course of recovery after tibial plateau fractures [4]. patients were treated with open reduction and internal fixation using a plate with a locking hole and a screw. at admission, none of the patients showed signs of infection and the blood concentration of c-reactive protein was under 20mg/l. preoperative lysholm scores were not available. the lysholm score was lower in the group of patients who underwent conservative treatment than in the group of patients who underwent surgical fixation at the time of hospital discharge, but this difference did not reach statistical significance. in the functional evaluation using lysholm scores, no difference was found between the two groups. in a recent study, young et al. reported, that the lysholm score of the patients who suffered from tibial plateau fractures were significantly higher in the last follow-up than in the first follow-up [5]. the clinical results of the treatment of patients with tibial plateau fractures treated with küntscher nailing are reported by matsubara et al. [7]. the study included 19 patients with a mean age of 43 years. these patients were treated with the küntscher technique with a maximum of 8mm of nail migration. no patient had signs of infection, and the blood concentration of c-reactive protein was under 20mg/l. the time of return to work was not reported. in the clinical evaluation, the lysholm score was significantly improved compared to the preoperative score, and no significant difference was found between the lysholm scores of the first follow-up and last follow-up. 5ec8ef588b

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