**PHYSICAL THERAPY GUIDELINES PERIACETABULAR OSTEOTOMY**

With special thanks to

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* PRE OPERATIVELY: Patients will be seen pre-operatively for a physical therapy evaluation to include strength and range of motion. Patients will also be measured for axillary crutches and instructed on the use of crutches with 1/6 body weight through the operative leg. Patients receive education on the role of PT post-operatively, and are advised to obtain a shower chair if able. A rental wheelchair with elevated leg rests is ordered while the patient is inpatient. 3-in-1 commode can also be ordered while inpatient. (To be used both as a shower chair and as a raised toilet seat.)
* POST OPERATIVE Guidelines:
	+ **POD #1**: evaluation of strength and ROM, begin AAROM of the involved hip within the restrictions indicated by the orthopedic surgeon. (ROM is usually flexion 30-80, abd/adduction 10/10, IR/ER 10/10.) ROM restrictions are not absolute contraindications. Although the patient should try to stay within the stated precautions, he/she can sit at 90 degrees, and won’t “ruin” the surgery by moving hip outside of specified ROM. Active exercises also include quad sets, glut sets, and ankle pumps. Patient’s ability to participate with therapy will vary depending on epidural and pain. Parent or caregiver is instructed on how to assist with the exercises. PT will see patient 1X per day for ROM until ready for OOB.
	+ Once epidural is d/c’d (**usually POD #2-3**), initiate OOB to cardiac chair, 1/6 body weight. Strength should be reassessed before OOB to ensure that effects from epidural are no longer present. Transfer bed to chair only on first day OOB. Patients typically complain of pain and of dizziness.
	+ Gait is begun when cleared by MD. (**POD #4**) Initiate in parallel bars and progress to appropriate assistive device (1/6 BW). Pt “clears” PT when he/she is safe and independent with mobility.
	+ Not all patients require home physical therapy.
	+ Patients will utilize crutches for an average of 3 months. They should not wean unless cleared by MD.
	+ Avoid hip flexion beyond 90 degrees until first post-op visit (**4-6 weeks),** no antigravity exercises should be started until about 2 months post-op or until cleared by MD. This includes straight leg raises or any exercise which potentially uses a long lever arm at the hip. The below exercises are based on the typical progression; however patients will differ from case to case.
	+ **POST OP VISIT 4-6weeks**: Patient usually given gravity-eliminated exercises (heel slides, isometric abd/adduction, supine abd/adduction, bridges, LAQ) Patient can begin prone-lying to increase hip extension. (try lying over a pillow first).
		- * **Pool**: If patient has access to a pool, he/she can begin walking in chest-deep water (1/6 BW) or waist deep water (50% BW). Standing ROM exercises, side-stepping.
			* **Bike**: Pt can begin riding stationary bike, with seat elevated and without resistance.
	+ **POST OP VISIT 8-10 weeks:**
		- anti-gravity exercises to include standing hip flexion, abd/add, extension. Resistance with theraband if appropriate. Education re: weaning to one crutch if appropriate.
	+ **POST OP VISIT 12-14wks**:
		- progressive resisted exercises, depending on patient strength. Sidelying hip abduction, adduction.
* Local patients will be reassessed in hip clinic. There will be an ongoing assessment with recommendations to progress the program at the discretion of the surgeon.
* Patients that are not local are encouraged to contact the physical therapy department if questions arise.
* **WOUND CARE POST OPERATIVELY**: Patients typically will be discharged with a dressing (brown Mepalex dressing) which can be left on for up to 5 days if dry. You will typically obtain at least one of those dressing to change at home after leaving the hospital. Underneath the dressing are steri strips which aid in healing of the incision, therefore, those should be left on until they fall off on their own. You may shower on post operative day 7 but cover the incision and pat dry following the shower. Do not apply any lotion etc. on the incision, keep it as dry as possible.
* **HARDWARE REMOVAL 6 months**: Patients will typically have the hardware removed at approximately 6 months post-op. Typically hardware removal is done as a day surgery procedure. Crutches are recommended for the first few days, and activities can resume 3-4 weeks after the screws are removed.

*\*\*\* Keep in mind that these are only guidelines, and each patient should be evaluated as an individual. If there are questions regarding orders, the attending physician should be contacted\*\*\**

**Please do not hesitate to contact our office with any questions.**

**If you prefer contact through email the address you may contact is** **magdalena.malinowska@hoasc.com**