

PT12: Proximal femoral rotational osteotomy

Indications: Femoral anteversion or retroversion

Procedure: Femur is rotated below the lesser trochanter and fixed with internal fixation plate

Casting: Hip spica cast for 3-6 weeks, non weight bearing until cast is removed

Healing Time: Approximately 6-8 weeks

Precautions:

- Since patient will be in a cast for 6 weeks, weight bearing status will be determined by the MD (bony integrity and healing process, radiographs) once the cast has been removed.
- Child with spasticity may experience increased spasms/discomfort when cast removed and movement at the hip & knee is initiated. Also, spasticity may draw lower extremities into a "set" position (eg. flexion) and may make it difficult/painful to regain range/mobility in the opposite direction (eg. extension). Periodic use of the bivalved cast may be helpful during this transition (eg. Night time, short times during day, etc.)
- Avoid aggressive/forceful range of motion initially.
- Children who were non weight bearing pre-op may be osteopenic and fixation of the surgical hardware may be limited. Special care must be taken during exercise and progressive weight bearing activities.

Contraindications:

- No impact, torque or unprotected weight bearing for the first 3 weeks post-op
- Minimize risk for falling

Phase 1: Post-op day 1-7

- Goals:
- protect the surgical site, both skin incision and bony healing, **non weight bearing**
 - Pain management which may include use of ice, heat and/or electrical stimulation for pain modulation only
 - Patient and family demonstrate safe mobility and transfers for ADL completion
 - Patient and family demonstrate understanding of post-op precautions and home exercise program
 - Passive, active assistive and active range of motion of the knees and ankle joints
 - Isometric contraction of the gluts, quads, hamstrings
 - functional balance when standing for transfers, ADLs

Criteria to Progress:

- safe mobility and transfers for completion of ADLs

Phase 2: Post-op day 8-21

Goals: -pain management as needed – may be a priority with spasticity

Criteria to Progress:

- independent with transfers, ADLs and mobility

Phase 3: Post-op 22 to completion of PT care

- Goals:
- avoid impact, torque, reduce risk for falling
 - assess need for bracing, assistive devices
 - begin transverse friction massage/ scar mobility at ~ 6 weeks post-op/ when incision healing is complete
 - begin progressive weight bearing as advised by the referring physician

- functional standing balance for safe transfers
 - lower extremity strengthening with emphasis on glut max, glut med, calf as well as quality of gait pattern
 - Return to pre-operative function and activity
- When multiple procedures are performed at the same surgical event, the post-op physical therapy care needs to default to the most conservative time frames and guidelines.

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