

PT13: Proximal femoral plate removal

Indications: Healed femoral osteotomy

Procedure: Internal fixation hardware removed from the femur

Casting: No casting, protected weight bearing for 6 weeks to allow femoral defect to heal

Healing Time: Approximately 6 weeks, risk of femoral fracture at surgical site with weight bearing, impact and rotational/ torque motions or falling for ~ 6 weeks.

Precautions:

- Protected weight bearing (out of cast) for up to 6 weeks until ossification at the pin/screw sites takes place, aggressiveness of initial exercise program and weight bearing status will need to be determined by the MD and guided by bony integrity & radiograph findings
- Child with spasticity may experience increased spasms/discomfort when movement at the hip & knee 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)
- Avoid aggressive/forceful range of motion/TORQUE at osteotomy site 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: see precautions

Phase 1: Post-op day 1-7

Goals: -begin PROM, AAROM, AROM as able, within mid ranges of motion

- progressive weight bearing activities
- address positioning, splinting, bracing and equipment needs to address ROM, stretching, pain control
- mobility training

Criteria to Progress:

- safe completion of ADLs, transfers, functional skills
- Patient and family understanding of post-op precautions and home exercise program

Phase 2: Post-op day 8-21

Goals: -functional balance activities

- full ROM of all lower extremity joints, all planes of motion
- endurance strengthening exercises, emphasize high repetition, low resistance

Criteria to Progress:

- ongoing bony healing, continued surgical scar healing

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

Goals: -good surgical incision scar mobility, begin scar mobilization at ~4-6 weeks post-op

- return to pre surgical level of function
- independent management with home exercises

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.