PROXIMAL FEMORAL OSTEOTOMY PROTOCOL

(open procedure, with plate and hardware to reduce rotation of femur)

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| Patient | | | |
|---------|------|------|--|
| DOS | | | |

| ACUTE CARE STAY | OUT-PATIENT THERAPY NOTES: | | | | | |
|------------------------------------|----------------------------------|---|--|------------------------------|--|--|
| Week 0-starts POD 1 | NWB phase | Initial WB phase | Full Weight Bearing | | | |
| week U-starts POD 1 | Max, TTWB, up to 5%. | initial WB phase | Full Weight Bearing | Please call with any | | |
| Ankle numne | 6 weeks, longer as needed for | Allowed when Dr. Stewart | Ambulation: walking without a | questions. | | |
| Ankle pumps | surgical concerns. | orders. Progress from TTWB to | limp. D/C assistive device | | | |
| CPM is used up to 6 hours per | surgical concerns. | WBAT over 4 weeks time. Slow | imp. D/C assistive device | Return to functional tasks | | |
| day on a flat surface with patient | Limited (1x/1-2 weeks) formal | WB if any concerns wit increased | Progress ROM to WNL or equal | will be quite variable and a | | |
| in supine, settings 15° extension | physical therapy unless | pain, contact Dr. Stewart. | to opposite extremity. | general rule to follow: | | |
| and 45° flexion. Do not advance | problems arise. | pain, contact Dr. Stewart. | to opposite extremity. | · · | | |
| this setting. | problems arise. | Week 1: 5-25% WB | Progress strengthening to hip | Double the time of NWB | | |
| dis setting. | Home exercise program 1-2x/day | Gentle isometrics for quad, glut, | groups as tolerated-isometrics, | for a general estimate of | | |
| Instruct in bed mobility. | 5 days per week: | transverse abdominus, adductors | isotonics | return to higher level | | |
| | Exercise bike with very low | and absolute pain free abduction. | | activities. | | |
| ADL's: Toilet seat riser, reacher, | resistance. | Soft tissue mobilization as | Total gym or light leg press | | | |
| sock aid, long shoe horn. Use | | needed. | | | | |
| devices as needed for soft tissue | Passive pendulum. | Gentle Scar mobilization | Double leg balance and | | | |
| discomfort. | _ | | proprioception | | | |
| | Isometrics: quad, glut | Heel slides | | | | |
| | Ankle pumps 20 reps every hour | Start gentle AROM for hip | As able and as the person needs | | | |
| | patient is awake. | flexion, extension, adduction- | for functional improvement and | | | |
| | Faceta a manage | standing. | long term goals: | | | |
| | Pain and swelling control if | | Mini-squats | | | |
| | needed | Week 2: 50-75% WB | Step-ups forward and lateral | | | |
| | | AROM for hip internal and | Wall sits | | | |
| ' | Compression shorts (if well fit) | external rotation and abduction. | Functional gait activities | | | |
| ' | | Increase bike resistance | Double and single leg balance | | | |
| | | Hamstring initiation | | | | |
| | | Week 2, 75 1000/ | Address south according to | | | |
| | | Week 3: 75-100% | Address work, sport and | | | |
| Any Questions? Please contact: | | Isometrics for hip internal and external rotation in sitting. | recreational functional activity demands | | | |
| Northwoods Therapy Associates | | Calf, hamstring, hip flexor | Gentands | | | |
| Altoona, WI Chippewa Falls, WI | | stretching. | | | | |
| (715) 839-9266 (715) 723-5060 | | Gait activation exercises. | | | | |
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| September 2015 | | | | | | |