

Covenant Medical Group • Orthopaedics

Orthopaedic Surgery & Sports Medicine • Garrett Kerns, DO

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CLINICAL PROTOCOL FOR PERIACETABULAR OSTEOTOMY/SURGICAL DISLOCATION

DO NOT perform the following exercises at any time, unless advised otherwise by a referring physician:

- Straight leg raises
- Weighted side-lying abduction
- Front planks (4 months post-op minimum)
- Squatting below parallel

PHASE 1: POD 1 – Week 4 • Immediate Post-Operative

Precautions:

- No hip flexion > 90 degrees for 4 weeks
- No active or passive ABD for 4 weeks
- Avoid hip flexion with IR and forceful ER
- Frequently lay flat with minimal flexion at hip and knee fully extended to prevent hip flexion contracture (prone lying 2-4 hours/day minimum)

Weight Bearing (WB) Progression:

- **TDWB** immediately post-op
- **At 6-8 weeks**, progress to 50% WB (indicated by physician based on bone healing on x-ray)
- **Add 25% every day 2-3 days**, as tolerated
- **FWB only when:** controlled pain, non-antalgic gait pattern, normal pelvofemoral mechanics

The use of one crutch is discouraged in most cases. If necessary, please discuss with referring physician.

NOTE: Aquatic therapy may be initiated at 2 weeks post-op, pending incision healing.

POD 1 – Hospital Discharge:

- Hospital Admittance (4-7 days): Pain control, mobility tasks
- Ankle pumps, quad sets, glut sets
- Encourage neutral pelvic positioning (avoid excessive lumbar lordosis when supine)

Week 2 – First Outpatient Visit:

- PROM: Circumduction, IR
- Stationary bike (no resistance, seat > 90 degrees hip flexion)
- Heel digs, ADD isometrics
- Prone or standing HS curl
- Curl-up
- Standing EXT
- LAQ, SAQ
- Prone active IR/ER
- Prone lying 2-4 hours/day

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Weeks 3-4:

- Bridge
- Quadruped rocking
- Standing march (to 45 degrees), seated march (if pain free)
- Prone EXT (knee straight, knee bent to 90 degrees)
- Prone Quad Stretch
- Gentle figure 4 stretch, FABER slides (pain free, minimal ABD)

PHASE 2: Weeks 5-11 • WB Preparation and Progression, Gait Normalization

<p>Precautions:</p> <p><i>Be careful not to allow hip flexor irritation.</i></p> <ul style="list-style-type: none">• Slowly progress and carefully monitor return to driving and stair ambulation• Frequent hip flexor stretching• Ice with hip flexor on a light stretch	<p>Weight Bearing Progression:</p> <ul style="list-style-type: none">• DO NOT PROGRESS WB WITHOUT PHYSICIAN APPROVAL
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Weeks 5-7:

- Standing ABD, progress to clamshell or side-lying ABD as appropriate (no resistance, low reps, education on GMed contraction)
- Calf raises
- Mini squat

When Cleared by Physician for WB Progression (typically at week 8+):

- Clock steps
- Bird dog
- Hamstring Bend over

After Complete Discontinuation of Crutches for 2 Weeks (typically between 10-12 weeks):

- Side plank/remedial side bridge
- Staff up/down
- Elliptical
- Leg extension, hamstring curl weight machines

PHASE 3: Weeks 12-16 • Strengthening, Returns to ADLs

Weeks 12-16:

- Side stepping (progress to lateral band walk)
- Leg press

PHASE 4: Weeks 17-24+ • Graduated Functional Progression

Weeks 17-20 (if appropriate for hip):

If patient advised against return to sport/impact, provide joint protection program information.

- Walking lunges
- Stairclimber
- Jogging progression
- Golf progression
- Advanced swelling progression: Flip turns, treading water, whip kicking

Weeks 21-24+:

- Agility, plyometric program
- Non-contact sport specific drills
- Sprinting, cutting, reaction drills
- Contact sport specific drills

These are general guidelines and may vary depending on your surgery/surgeon.

