

## Periacetabular Osteotomy Rehabilitation Protocol

### General Instructions

#### **Exercise Precautions/Weight-Bearing**

- Active and passive hip flexion to 90° within patient comfort level
- Foot flat weight-bearing x 4 weeks, then progress to full weight bearing
- No IR/ER x 4 weeks

#### **Phase 1 (0-4 weeks)**

- CPM to 90° of hip flexion for at least 4-6 hrs/day for 2-4 weeks.
  - Begin at 45° and progress to 90°, increasing 15° per day.
- Ice 2-3 times per day x 20-30 minutes

#### **EXERCISES**

- Quad sets/glut sets/ankle pumps
- Heel slides to 90° (Active and passive ROM within comfort-may use assistance with towel or belt around thigh)
- ROM in all planes within comfort level and within exercise precautions
- Upright stationary bike – minimal resistance, may start day of surgery
- Stretch hamstrings, if needed. (stretch with hip in flexion – 90/90 position).

**Ambulation:** Cue to lift heel quickly after midstance. Avoid twisting or rotation of acetabulum on the femur under loaded conditions.

**ADL's:** Sit to stand – scoot forward, keep knee's over feet, may straddle feet (foot back on uninvolved side)

**In/Out Car:** Patient's backside faces seat, sit and move hips and trunk together. May assist with hands to lift involved hip.

**Sleeping:** Supine: pillows under knee  
Side-lying: pillow between knees  
Prone: pillows under hips

**Mobilization:** A/P glide and long axis distraction

### **Phase 2 (4-8 weeks)**

#### **Exercise Precautions/Weight-bearing**

- Progression to full weight-bearing per M.D.
- Hip ROM within patient comfort level, Do NOT push hip ROM!!!!

#### **EXERCISES**

- Aquatic Exercise – Cleared suture sites prior to aquatic training and at least 50% weight-bearing. Box walking/flutter kick with kick board.
- Weight shift progressing to side stepping in standing to right and left with progression to use of theraband for resistance above the knee.
- Aerobic activity - upright bike, pool, elliptical
- Quadruped: rocking backward within patient comfort level
- Closed chain strengthening in accordance with weight-bearing status including step-ups/wall slide
- Bent Knee Fall Out
- Planks/Core strengthening
- LE flexibility program within patient comfort level.

### **Phase 3 (8-12 weeks)**

- Hip Rotation – resisted leg rotation with hip extended (standing – theraband around foot) and hip flexed (sitting theraband around ankle).
- Proprioceptive training
- Advance bridging program
- Cable column hip strengthening

### **Phase 4 (>12 weeks)**

#### **EXERCISES**

- Lunge Matrix/Tri-planar movements, NOT too deep
- Functional agility drills
- Sport specific drills/plyometric progression
- Dynamic balance drills

### **Return to Sports/Running (>12 weeks)**

- Full pain-free ROM
- Completion of a sports specific loading and functional training program
- Cardio respiratory fitness at pre-injury level.
- Strength testing  $\geq$  90% of the uninvolved side.