

Rehabilitation Following Hip Surgeries GMFCS III - V

	Hospital Discharge (5-7 days)	2 Weeks	4-6 Weeks	3 Months	6 Months	9 Months	1 year	
Follow Up appointments		Follow up Appointment with Orthopaedics or with family physician	Follow up Orthopaedic Appointment (May have x-ray and/or cast change)	Follow up Orthopaedic Appointment (May have x-ray)	Follow up Orthopaedic Appointment (May have x-ray)		Follow up Orthopaedic Appointment (May have x-ray)	
Goals	Goals as determined by child, family, Orthopaedic CP team, and community therapists							
Wound care		Wound should be healed by 7-10 days. Dressing removed and wound inspected at follow up	Steristrips will lift off. Can wash at 2-3 wks	Scar management as indicated				
Pain management	Pain managed with epidural and then oral medications	Pain managed with oral medication as needed, taken before therapy/casting appointments (positioning, heat or ice, & other modalities may also be used)			Pain free			
Casting and splinting	Casting and splinting of the hip up to 24 hours per day		Splinting of the hip at night time and daytime when out of w/c		Night splinting for hip may be required		Ongoing	
	Resting foot splints as prescribed		Return to previous use of orthotics					
Range of Motion	Limited by casting/splinting. ROM as tolerated in unrestricted joints		Progressing towards full ROM at previously casted/splinted joints. Full ROM at unrestricted joints				Ongoing	
	Strengthening at unrestricted joints, progressing from isometric, concentric, eccentric functional and dynamic activity related as able							
Strength	Strengthening at previously casted/restricted joints, progressing from isometric, concentric, eccentric functional and dynamic activity related as able							Ongoing
	Child is able to sit comfortably in seating (modified for casting/splinting or restrictions)		Child is able to sit comfortably in functional seating system and progresses towards pre-op level of w/c mobility (including self propulsion and power mobility)					
Transfers and ADL's	Total assist with ADLs, transfers and bed mobility		Progress towards assisting with ADLs, transfers and bed mobility as able		Return to pre-operative level of assistance with transfers, transitions, and ADLs			Ongoing
	Non-weight bearing on surgical side		Partial WB in pool	Initiate partial weight bearing on land and progress to prior level of weight bearing activity and tolerance (standing frame, walker, bike etc.)				
Weight bearing activities								Ongoing
			Begin to regain gross motor skills as able within weight bearing restrictions		Continue to regain gross motor skills	Regain prior gross motor skills		
Gross Motor Skills								Ongoing
				Modified participation in community activities		Return to prior level of participation in community activities		
Activities and Participation								Ongoing
				Modified participation in community activities		Return to prior level of participation in community activities		

*This pathway is meant as a guideline only. All progressions of casting/splinting, weight bearing, and ROM must be confirmed by the Orthopaedic Team

**Adapted from: Benard, L., Hurtubise, K., McNeil, M., Goldstein, S., Kiefer, G. A process for developing clinical care pathways for post-operative rehabilitation following orthopaedic surgery in children with cerebral palsy, Demonstration poster, in American Academy for Cerebral Palsy and Developmental Medicine, 2012: Toronto, Canada.

Developed by the Orthopaedic CP Clinic, BC Children's Hospital, 2013. For questions, comments or to reproduce please contact the Orthopaedic CP Physiotherapist; www.bcchildrens.ca/orthocpclinic.