

## Rehabilitation Following Single Event Multi-level Surgery GMFCS I-III

	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 IV 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 up to 24 hours per day		Night time splinting and daytime use or orthotics as indicated		Continues daytime use of orthotics as indicated		Ongoing	
Range of Motion	Limited by casting/splinting. ROM as tolerated on unrestricted joints		Progressing towards full ROM at previously casted/splinted joints. Full ROM at unrestricted joints					Ongoing
Strength	Strengthening at unrestricted joints, progressing from isometric, concentric, eccentric functional and dynamic activity related as able						Ongoing	
			Strengthening at previously casted/restricted joints, progressing from isometric, concentric, eccentric functional and dynamic activity related as able*					Ongoing
Seating and W/C Mobility	Child is able to sit comfortably in seating (modified for casting/splinting or restrictions)		Reduce dependence on W/C as mobility progresses	Return to pre-operative use of W/C				
Transfers and ADL's	Assist with ADLs, transfers and bed mobility	Progress towards independence with ADLs, transfers and bed mobility with assistive devices as needed		Independence with transfers and bed mobility with assistive device as needed	Return to pre-operative level of independence with transfers and ADLs. Progressing towards greater independence in all areas.			Ongoing
Weight bearing / Gait	Non-weight bearing if boney surgery completed		Partial WB* as ordered. Begin WB in pool and with assistive device	Ambulation for home and school distances with assistive device as needed	Return to prior level of walking, measured by FMS	Progress towards improved quality of gait		Ongoing
	WBAT if soft tissue procedures only							
Gross Motor Skills			Begin to regain gross motor skills as able within weight bearing restrictions	Continue to regain gross motor skills	Regain prior gross motor skills	Progression of motor skill development		Ongoing
Activities and Participation			Modified participation in community activities		Return to prior level of participation in community activities	Expanded participation in community activities as able		Ongoing

\*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.

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