



## **Rehabilitation Protocol for Post-Operative Hip Surgery**

### **Important Points in Post-Operative Rehabilitation**

Passive hip movements in flexion (not exceeding 90 degrees), extension, and abduction should begin from the first day after surgery.

Active isotonic and isometric hip exercises should start in the first week.

Patients should be allowed to bear weight and gradually increase the load when pain is tolerated (usually within a week).

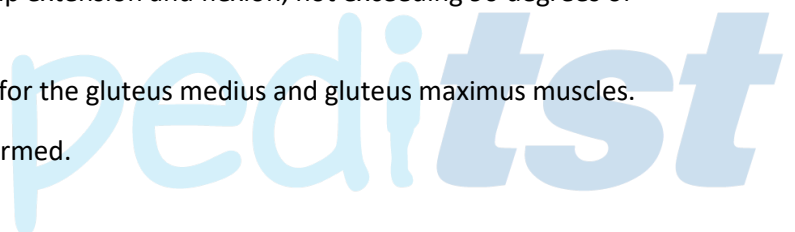
Intensive walking and weight-bearing exercises should generally begin three weeks after surgery.

Note that the exercise program may vary depending on the child's diagnosis, functional status, and bone quality. It is important for the physiotherapist to communicate with the surgeon and obtain information about the child's condition before starting the program.

### **Recommended Rehabilitation Protocol:**

#### **PHASE 1: Post-Operative Weeks 1-3**

1. Appropriate physiotherapy modalities are used for pain.
2. The extremities are positioned in elevation.
3. Safe transfers are taught to the child and family.
4. Controlled weight-bearing exercises (on both feet) are performed.
5. Controlled stepping exercises are started. Walking aids may be used as needed.
6. The child should lie on their stomach at least three times a day for 20 minutes.
7. Active EHA exercises for the knee and ankle can begin immediately after surgery.
8. Isometric exercises for the quadriceps, hamstrings, gluteus maximus, and gluteus medius muscles are performed.
9. Hip abduction and external rotation EHA exercises can begin in bed.
10. EHA exercises are performed for hip extension and flexion, not exceeding 90 degrees of flexion.
11. NMES applications are performed for the gluteus medius and gluteus maximus muscles.
12. Ankle pumping exercises are performed.



## PHASE 2: Post-Operative Weeks 3-6

1. EHA exercises for the ankle, knee, and hip continue during this phase.
2. Strengthening exercises for the hip abductor muscles begin and progressively continue.
3. PNF techniques are applied for strengthening.
4. Resistance training with free weights begins at a low level.
5. Exercises with appropriate resistance bands for hip abductor and external rotator muscles begin at a low level.
6. Balance exercises are performed.
7. Weight-bearing exercises begin with short-term weight-bearing on one foot and long-term weight-bearing on both extremities.
8. Stair descent and ascent exercises begin with minimal stair height.

## PHASE 3: Post-Operative Week 6 and Beyond

1. Lower extremity strengthening exercises continue with increased resistance and weight, based on the child's functional level.
2. Functional walking exercises are performed.
3. Balance and coordination exercises continue to progress.
4. Full weight-bearing exercises are performed.
5. Stair descent and ascent exercises continue with increasing stair height.
6. Exercises are performed to improve muscle and cardiovascular endurance.
7. Minimizing compensatory movements is a goal.

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