Periacetabular Osteotomy

Phase I: Protective Phase

- Week 1-4

**Goals**
- Control pain
- Neutralize muscle atrophy
- Promote healing of tissues

**Precautions**
- Touch down weight bearing (20-30lbs)
- Avoid prone lying
- Minimize active hip flexion
- Hip flexion ROM limited to 30-80 deg
- Sleep with pillows under involved leg

**Suggested Exercises**

- Isometric hip adduction
- Glute sets
Phase II: Early Mobilization Phase

• Week 4-8

Goals

• Increase ROM within tolerance
• Neutralize muscle atrophy
• Control pain

Precautions

• Touch down weight bearing x 6-8 weeks, per physician discretion
• Gentle ROM within tolerance
• Lay prone if lacking hip extension
• Avoid exercises with long lever arms (NO SLR)

Joint Mobilizations

Long axis distraction

Inferior femoral glides

Grade III and IV joint mobilizations may be performed to increase range of motion. Long axis distraction may be performed for pain.

Other exercises to add:
- Ankle pumps
- Isometric hip abduction
- Transverse abdominis activation
Suggested Exercises

Supine hip abduction  Supine bridging

Standing hip abduction  Standing hip extension  Standing hip adduction

Standing hip flexion  Side lying clams

Other exercise options to add:
- Bike for cardio (no resistance)
- Hamstring curls
- Seated marching
**Phase III: Progressive Strengthening**

- Week 8-12

**Goals**
- Normalize gait in FWB
- Regain muscle strength and symmetry

**Precautions**
- Progress to FWB per physician clearance

**Suggested Exercises**

- Prone hip extension
- Side lying hip abduction
- Supine hip flexion
- Single leg bridging
**Phase IV: Functional Strengthening**

- **Week 12-16**

**Goals**
- Progressive functional strengthening

**Precautions**
- Progress strengthening within pain tolerance

Other exercise options to add:
- Side lying hip adduction
- Single leg stance
- Leg press
- Progress core stabilization
- Gradually add resistance to bike
Phase V: Return to Sport

• Week 16 and Beyond

Goals
• Improve cardiovascular endurance
• Continued functional strengthening
• Sport specific training

Precautions
• Criteria to begin running progression:
  • Cleared by physician
  • Non-antalgic normalized gait pattern
  • Pt performs SL squat with proper mechanics (no trendelenburg, dynamic genu valgum or lateral trunk lean)

Suggested Exercises

- Agility drills
- Plyometrics
- Sport specific training
- Running progression

Discharge Criteria:
- Run with non-antalgic gait and no trendelenberg
- Cutting and agility drills performed with proper form and no hesitation on involved side
- Performance of jumping activities with proper mechanics
- Physician clearance