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Exercises following proximal femoral osteotomy

This leaflet gives advice and exercises following proximal femoral osteotomy surgery (an operation to treat hip deformities). If you have any questions or concerns, please speak to your physiotherapist.

What is a proximal femoral osteotomy?

An osteotomy is an surgical procedure that is performed to correct bony deformities. The proximal femur is the upper half of the thigh bone and an osteotomy is where the bone is cut in order to realign it to restore a more normal anatomy. Once the deformity has been corrected, the bone is then held in position with metalwork until healed. This helps relieve pressure on the hip joint in particular and addresses any issues related to the deformity.

General guidelines

Pain:

- Due to the nature of the surgery, you should expect some pain, both from the muscles and soft tissue surrounding the area and the bone.
- Taking your medication regularly and following the guidelines in this leaflet will help to make the pain more manageable. If the regular medication is not sufficient to control the pain, please ask for further pain relief as it is important that you are able to mobilise as soon as possible.
- On discharge, some pain may persist for a further few weeks and you should use this as a guide when increasing your daily activities.
- A moderate ache which settles quickly is acceptable, severe pain which takes hours to settle is not.
- **If you experience a sharp pain, stop activity immediately.**
- If symptoms persist, contact your GP or the Orthopaedic Department for advice.

Swelling:

- The swelling in the leg may continue for three months or more.
- If the leg is very swollen, resting on the bed for an hour or so in the afternoons will help.
- If you wish, you may also ice your thigh to help the swelling. You may use crushed ice, a gel pack or a pack of frozen peas, which must be wrapped in a damp towel or tea towel before being placed on your thigh.
- Do not keep the ice pack on any longer than 10 minutes. Any longer than this and the body will increase the blood flow to the area in an attempt to warm the tissues up again. This will make the swelling worse. Leave at least 20 minutes between ice packs.
- If the swelling appears excessive or doesn’t go down overnight or when the leg is elevated, contact your GP for advice.

Wound care:

- You should arrange an appointment with your practice nurse to have a wound check 10-12 days after surgery. They will remove any sutures (stitches) or clips, if required. Frequently, dissolvable sutures are used and the ends require trimming only.

Hygiene:

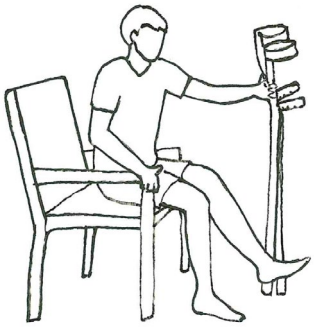
- The dressings are showerproof but will not take a prolonged soaking, i.e. in a bath, so showering only is recommended until the dressings are removed.
- If you are non-weight bearing, you may find it easier to place a plastic chair or stool in the shower in order to sit while showering.

Mobilising:

- Your surgeon will let you know your weight bearing status before you leave hospital. This can vary between non-weight bearing (i.e. putting no weight at all on the operated leg) to full weight bearing.
- You will be provided with the appropriate walking aid by your physiotherapist; this is likely to be crutches.
- Your physiotherapist and / or your surgeon will advise how long you need to use the crutches for.

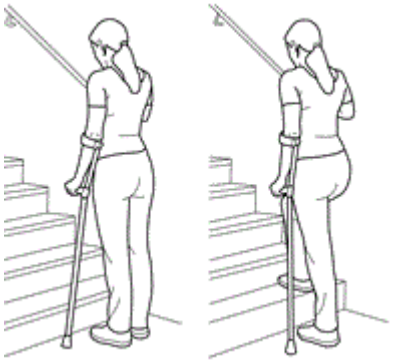
Sitting:

- To sit down, stand close enough to feel the chair against the back of your legs. Place both crutches in one hand and place the other on the arm of the chair. Step your operated leg forward and gently lower yourself into the chair.
- To stand up, place the operated leg out in front of you, push up with one hand on the arm of the chair holding your crutches in the other. Once balanced, place crutches in both hands.
- Do not stand up or sit down with your hands still in the crutches.

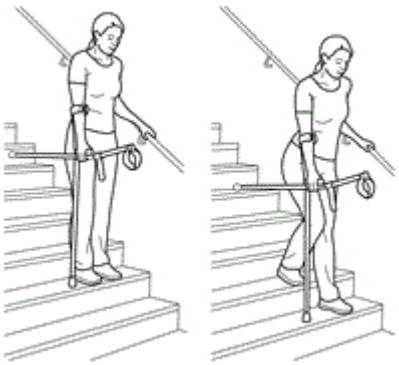


Stairs:

- To begin with it is better to go up or down the stairs one step at a time. Place the crutches in one hand and hold onto the rail with the other.

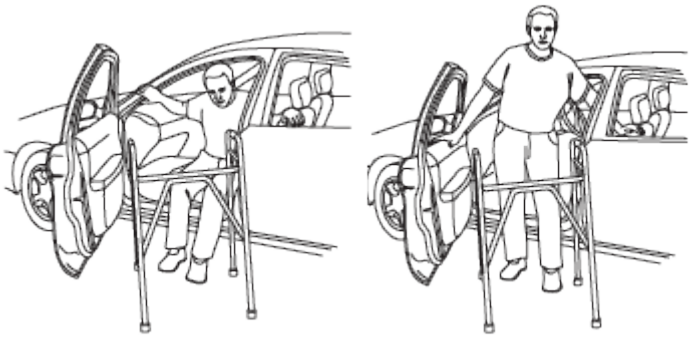


- Going up, you should place the un-operated leg on the step above first, followed by your operated leg and crutch.
- Coming downstairs, you should place your operated leg together with your crutch onto the step below first, followed by your un-operated leg last.



Getting in and out of the car

- Positioning the car: you should sit in the front passenger seat of the car after your operation as there is more leg room. Make sure the car is parked away from the kerb, so you can be on the same level as the car before you try to get in.
- Push the seat back as far as possible and slightly reclined. Go bottom first into the car and lower yourself slowly to the edge of the seat. Use your arms and lift your bottom further across the seat towards the driver's side. Lift your legs into the car slowly.
- A plastic bag will help you swivel your legs in more slowly, but must be removed before you drive off.
- Reverse this procedure to get out.



Driving:

- You can resume driving 6 weeks after surgery at the earliest, and **dependent on consultant's advice.**
- In order to drive you need to be nearly pain free; not be dependent on walking aids; have a good range of movement and have sufficient reflexes to manage an emergency stop. This is usually six weeks after your operation.
- Remember to have a "test drive" and practice an emergency stop with an experienced driver before driving on your own.

- You need to contact the DVLA and your insurance company if you are not driving after three months because of the surgery. Failure to do so can result in a fine and prosecution if you are involved in an accident.

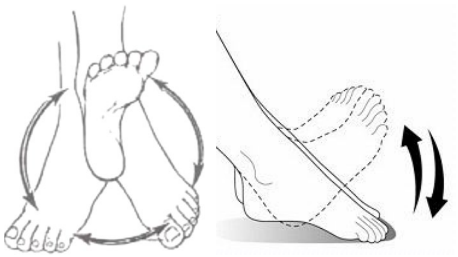
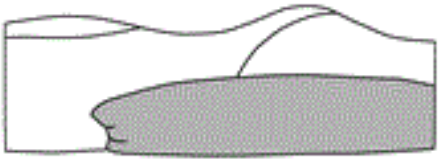
Returning to work:
Your return to work will depend on the job you do and the speed of your recovery. It may take a couple of weeks before you feel comfortable to return to an office job and longer if the job is physical. Your physiotherapist or consultant will be able to provide you with more information.

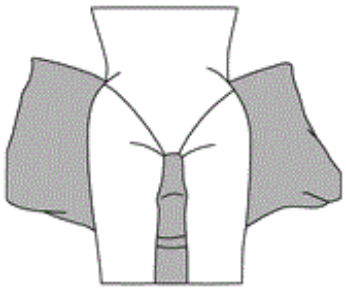
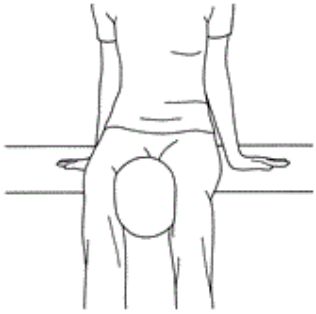
Leisure activities:
Return to sports will be guided by your progress with rehabilitation and the speed of bone healing. It can take 3-9 months before you are able to return to competitive sports (some sports, patients can resume before complete bone healing).Your consultant will be able to advise you regarding this.

Follow up appointments:
You will be referred to outpatient physiotherapy on discharge. You will be given a clinic appointment with your surgeon 6 weeks after surgery. This can be moved forward if you have any significant problems.

Exercises:
Start the exercises shown below, start with a minimum of twice a day. If the pain is settling and completing the exerises twice a day doesn't aggravate your symptoms you may increase them to 3-4 times a day if you wish.
Continue with the exercises for up to 3 months or until back to your normal activities.
Progression of your exercises will also be guided by your physiotherapist.

Exercises:

Day 1 – 3 weeks	
Circulatory exercises: • Point and bend your ankles. • Rotate them in circles. • Complete at least 10 of each exercise	
Core stability exercise: • Lying on your back with hips and knees bent and neck and back muscles relaxed. • Breathing in – tighten the pelvic floor muscles. • Breathing out – lift the pelvic floor and activate deep abdominal muscles. • Repeat at least 10 times.	 ©Elsevier
Multifidus and core stability exercise: • Lying face down with your hips over a pillow and back relaxed. • Pull the stomach up and in to hollow the lower lateral abdominals. Maintain this abdominal hollow and gently squeeze both buttocks to flatten the low back. Sustain this contraction. • Hold for the count of 10. • Repeat 10 times. *(adpt Sahrmann PhD, PT)*	 ©PhysioTools Ltd
Static gluteal contraction: • Lying face down with your hips over a pillow and back relaxed. • Breathing in – tighten the pelvic floor muscles. • Breathing out – gently lift the pelvic floor muscles, hollow the lower abdominal area just above the pubic bone and squeeze the lower portion of the buttocks towards the midline. Continue this action until the lower buttocks are firmly contracted. • Breathing in – slowly and at the same time release the buttocks and abdominal muscle contractions. • Breathe out. • Repeat 10 times. **Progression:**	 ©Elsevier

• The buttocks contraction can be sustained for two or three breaths. • One side of the buttocks can be exercised whilst the other side remains relaxed.	 ©Elsevier
Static quadriceps contraction: • Sit or lie with your legs out in front of you. • Bring your toes up towards you and push the back of your knee into the bed by tightening your thigh muscles. • Hold for the count of 10. • Repeat 10 times.	 ©PhysioTools Ltd
Static hamstrings contraction *(only if allowed to fully weight bear)* • Sit or lie with your legs out in front of you. Pull your toes up towards you. • Dig your heel down into the floor / bed. You should feel the muscles at the back of your thigh working hard. • Hold for the count of 10. • Repeat 10 times.	 ©PhysioTools Ltd
Static adductor contraction: • In sitting with feet supported on the floor. • Place a ball or rolled up towel between your knees. • Squeeze your lower stomach and bottom muscles. • Gently squeeze the ball / towel with your knees. You should feel your inner thigh tense. • Hold for the count of 10. • Repeat 10 times.	 ©PhysioTools Ltd
Static abductor contraction: • Sitting on a chair with feet supported on the floor. Put a rubber exercise band around your knees. • Squeeze your lower stomach and bottom muscles. • Push your knees apart into the band (there should not be very much movement). • Hold for the count of 10 and slowly bring knees back together. • Repeat 10 times.	 ©PhysioTools Ltd

Heel slides:

- Keeping the hip neutral in rotation, slowly slide the heel along the floor until the leg is straight.
- Breathing in – maintain abdominal muscle engagement and at the same time bend the hip and knee to slide the leg to the starting position. Help guide the movement with your hands or a towel / belt if it is painful. Breathe out.
- Repeat 10 times.

NB: The lower back should remain neutral and stable throughout. Breathing in as the hip bends enhances lower back stability.

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Hip abduction in lying:

- Lying on your back. Squeeze your lower stomach and bottom muscles.
- Slowly take your leg out to the side as far as is comfortable. Slowly bring your leg back into the mid position again.
- Repeat 10 times.

N.B. This exercise can be made easier by placing something shiny / slippery under your heel, e.g. a plastic bag or tray.

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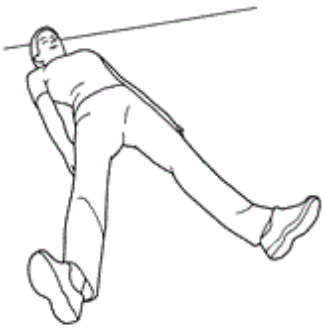

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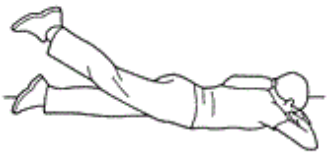
Hip extension in lying:

- Lying face down. Squeeze your lower stomach and bottom muscles (see static gluteal contraction exercise already stated).
- Lift your leg up behind you towards the ceiling keeping your knee straight.
- Hold for 10 seconds.
- Lower your leg slowly.



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Hip flexion in standing: • Stand with your hands supported on a firm surface or on your hips if you are able to maintain your balance well. • Squeeze your lower stomach and bottom muscles. • Raise your operated leg up towards your chest. Do not push into discomfort. • Keep stomach and bottom muscles tensed as lower leg. • Repeat 10 times.	 ©PhysioTools Ltd
Hip abduction in standing: • Stand with your hands supported on a firm surface. • Keep your body upright and with your hip, knee and foot facing forwards move your operated leg out to the side. • Slowly return to the starting position. • Repeat 10 times.	 ©PhysioTools Ltd
Hip extension in standing: • Stand with your hands supported on a firm surface. • Keep your body upright and with your hip, knee and foot facing forwards, move your operated leg behind you. • Do not arch your back or lean forwards. • Repeat 10 times.	 ©PhysioTools Ltd

Further information

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To find out more about our Trust visit www.royalberkshire.nhs.uk

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