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1.0 Policy Statement

1.1 It is the policy of Cappagh National Orthopaedic Hospital to provide a patient-focused physiotherapy service delivered by chartered physiotherapists and support staff working in a well-equipped environment.

1.2 It is the policy of Cappagh National Orthopaedic Hospital to provide health professionals and the public with the necessary advice and guidance on physiotherapy rehabilitation.

2.0 Purpose

2.1 The purpose of this guideline is to advise health professionals and patients on the physiotherapy rehabilitation of a person undergoing a Ganz osteotomy.

3.0 Scope

3.1 This guideline applies to all staff involved in the care of a person undergoing a Ganz osteotomy, community staff involved in the pre and post-operative care of the patient, the patient and their family.

4.0 Health & Safety

4.1 There are health and safety risks involved in patient care, namely risk of physical injury to patient and staff, risk of infection.

4.2 Physiotherapists have the necessary qualifications and clinical experience to carry out this guideline and to supervise unqualified support staff.

4.3 They must be eligible for membership of their professional body, the Irish Society of Chartered Physiotherapists (ISCP).

4.4 They undertake mandatory manual handling, basic life support training, fire safety, infection prevention and control and risk management.

4.5 They complete a minimum of 100 hours continuing professional development every three years as required by the ISCP.

5.0 Responsibilities

5.1 It is the responsibility of physiotherapists to implement this guideline.
6.0 Definitions and Abbreviations

Acetabular dysplasia  A condition whereby the head of the femur does not sit completely within the acetabulum of the pelvis. This can lead to arthritic changes in the hip joint, causing pain and stiffness

Ganz osteotomy  Realignment of the pelvis by osteotomy, to deepen the acetabulum and allow the head of the femur to sit within the acetabulum. This creates a more normal hip anatomy in people with acetabular dysplasia.

7.0 Guideline

7.1 Pre-Operative

7.1.1 Patients should be evaluated prior to surgery, including:

7.1.1.1 Assessment of joint range of motion, muscle strength, mobility and general function.

7.1.1.2 Respiratory assessment and treatment if necessary.

7.1.1.3 Explanation of post-operative physiotherapy management, including respiratory and circulatory exercises.

7.1.1.4 Teaching independent bed mobility and transfers.

7.1.1.5 Pre-operative exercise/activity programme.

7.1.1.6 Education - pre-operative education can reduce anxiety and improve post-operative outcomes, especially with respect to pain, functioning and length of hospital stay (McDonald et al, 2007). In Cappagh this is achieved through attendance at a multi-disciplinary pre-assessment clinic.
7.2 Post-Operative

7.2.1 Patients 18 years and older will be cared for on the orthopaedic ward, patients 17 and younger will be cared for on the High Dependency Unit for the first 24 hours.

7.2.2 Check operation notes and post-operative physiotherapy and mobility instructions

7.2.3 Day 1

7.2.3.1 Assess respiratory status and treat if necessary.

7.2.3.2 Encourage circulatory exercises, isometric quadriceps and gluteal exercises.

7.2.3.3 Encourage bed mobility.

7.2.3.4 Stand patient out of bed towards the operation side with frame and assistance of two or more as appropriate.

7.2.4 Day 2

7.2.4.1 Mobilise with frame, assistance of two and non-weight bearing unless otherwise stated.

7.2.4.2 Sit out for a short period if able.

7.2.5 Day 3 onwards

7.2.5.1 Can attend gym.

7.2.5.2 Progress to independent mobility on elbow crutches.

7.2.5.3 Independent mobility up and down stairs.

7.2.5.4 Develop home programme:
   - Active range of movement of operation hip: flexion, abduction, extension to neutral.
   - Active range of movement of knee on operation side.
   - Achilles stretches
   - Strengthening exercises: Isometric gluteals, isometric and inner range quadriceps. Quadriceps arcs in sitting.

7.2.5.5 Educate patient on postural awareness.

7.2.5.6 Encourage the patient to lie supine for 15-25 minutes every day to stretch hip flexors.
7.2.6 **Discharge Criteria**  
7.2.6.1 Independently mobile on elbow crutches.  
7.2.6.2 Independent on stairs.  
7.2.6.3 Independent with home program.

7.2.7 **6 weeks**  
7.2.7.1 Clinic review and patients are usually allowed to progress to partial weight bearing.  
7.2.4.2 Patient may need to be seen for gait re-education

7.2.8 **12 weeks**  
7.2.8.1 Clinic review and progress to full weight bearing  
7.2.8.2 Patients will require physiotherapy review at this time to progress hip extension, progress strengthening around the hip and progress gait to fully weight bearing

8.0 **Related Documents**  
Individual Physio tools exercise sheets

9.0 **Appendices**  
N/A

10.0 **References**  
N/A