

About Surgery to Align Your Child's Thigh & Hip (Femoral Varus Derotational Osteotomy)

WHY IS MY CHILD'S HIP ALIGNMENT IMPORTANT?

Poor alignment of the thigh bone (femur) within the hip can make walking, moving, standing, sitting and basic hygiene tasks difficult or uncomfortable. Children who have poor hip alignment are at risk for having a hip dislocation, where the thigh bone slides completely out of the hip socket over time and can become painful.

WHY SHOULD MY CHILD HAVE SURGERY?

- To improve walking, standing or moving
- To improve posture
- To reduce pain
- To put their thigh bone back in the hip socket

Before Surgery



3 Months After Surgery



ABOUT FEMORAL VARUS DEROTATIONAL OSTEOTOMY SURGERY

During the operation, the surgeon cuts the thigh bone and realigns the head of the femur into the hip socket. The bone is held in place with plates and screws while it heals. After the surgery, your child will receive an orthotic pillow that holds their legs in the proper position for healing.

Most children require a short stay in the hospital after surgery.

RECOVERING AT HOME

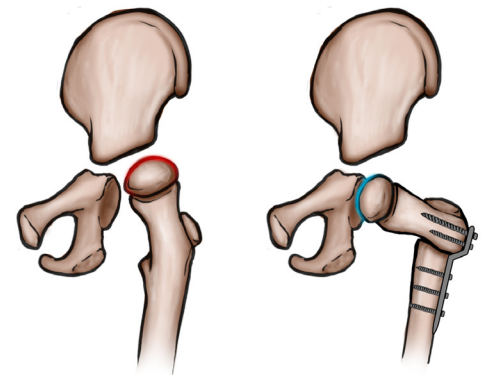
Before surgery, your care team will prepare you and your child for daily activities **without putting weight on their feet**. This includes instructions for bathing, dressing and moving safely after surgery. Your child will need to wear the orthotic pillow as directed by the care team.

You can expect muscle spasms for about 1 month after the surgery. It will take about 3 months for your child to be able to return to his or her previous level of function.

Follow the surgeon's instructions for limiting your child's activity while they are healing. Your surgeon will tell you when your child can start putting weight on their feet and resume activities.

FOLLOW-UP APPOINTMENTS

Your orthopedic surgeon will work with you and your child to develop a treatment plan based on your child's healing progress.



The hip socket needs contact with the head of the thigh bone/femur to rotate.



Orthotic pillow worn between legs.

Please contact your care team if you have any questions or concerns after surgery.

Guidance for Your Therapist and Care Providers: Post-Op

FEMORAL VARUS DEROTATIONAL OSTEOTOMY

Immediate Post-Op through end of Week 6

RESTRICTIONS AND IMMOBILIZATION:

- Non-weight bearing for 6 weeks
- Abduction pillow at all times unless bathing, dressing or toileting

THERAPY FOCUS (Instruction provided by inpatient PT prior to hospital discharge – No outpatient PT until weight bearing restrictions are lifted)

- Protect the surgical site including the incision and underlying surgical tissues
- Home exercise instruction – positioning with abduction pillow and ADL function
- Parent education for safe mobility
- While resting, perform ankle pumps every hour

CRITERIA TO PROGRESS

- Uneventful healing of the surgical tissues
- Clearance from surgical team to initiate outpatient physical therapy

Week 6 to Completion of PT Care

RESTRICTIONS AND IMMOBILIZATION

- Weight bearing as tolerated
- Abduction pillow when resting during the day and all night while sleeping for 3 months

THERAPY FOCUS (Outpatient PT eval once cleared for weight bearing approximately at week 6)

- Surgical scar mobility to begin once good wound closure has occurred (~4-6 weeks)
- Begin AAROM and AROM of all LE joints. Goal is full available range of motion in all joints and all planes
- Begin weight-bearing activities and functional mobility
- Gradual return to prior level of function with focus on patient's and family's functional goals