

# About Surgery to Help Hip Alignment (Pelvic Osteotomy)

## WHY IS MY CHILD'S HIP ALIGNMENT IMPORTANT?

A child who has poor hip alignment is at risk for a hip dislocation. Hip dislocation happens when the ball-shaped part of the thigh bone (head of the femur) comes out of the hole (socket) in the pelvic bone. Poor hip alignment can make movement difficult, uncomfortable or even painful. A pelvic osteotomy is a surgery that can improve and repair the hip joint so that the thigh bone can sit correctly in the hip socket.

## WHY SHOULD MY CHILD HAVE SURGERY TO ADDRESS HIP ALIGNMENT?

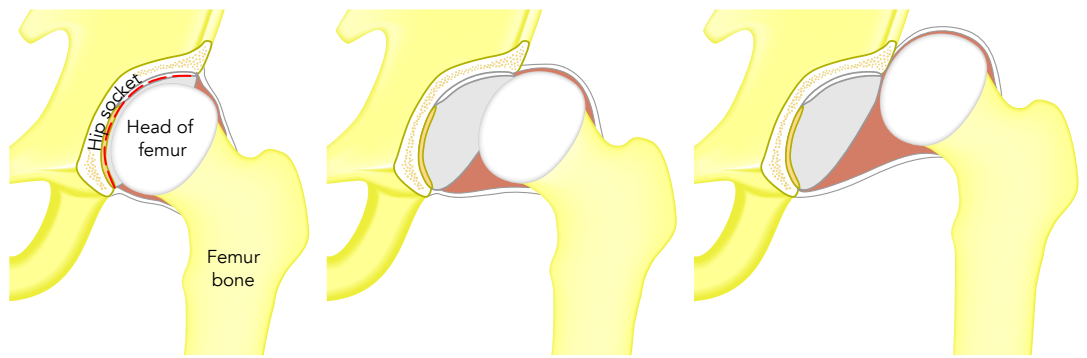
- To improve walking, standing and sitting
- To improve overall posture while standing or moving
- To reduce pain

## ABOUT PELVIC OSTEOTOMY SURGERY

During the operation the surgeon will make an incision on the hip. The surgeon will reshape the hip socket (acetabulum) by cutting above it and pushing it down so that it is more horizontal and deeper as well as less vertical and shallow. The surgeon will improve the positioning and size of the hip socket so the femoral head fits inside.

After the surgery, your child will receive an orthotic pillow that holds their legs in the proper position for healing.

Pelvic osteotomy surgeries require a short stay in the hospital.



The femur can move out of the hip socket (acetabulum) over time because of muscle imbalance, high muscle tone and changes in the shape of the bone.



Orthotic pillow worn between legs.

## 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 should wear the orthotic pillow or cast as directed by the care team.

Follow the surgeon's instructions for limiting your child's activity while they are healing.

It is common to have leg pain or be uncomfortable in the first few weeks after surgery. Your child may also have spasms or jerky movements as their leg heals.

## 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.

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

# Guidance for Your Therapist and Care Providers: Post-Op

## PELVIC OSTEOTOMY

### Immediate Post-Op through end of Week 6

#### RESTRICTIONS

- Non-weight bearing for 6-8 weeks
- Avoid impact activities

#### IMMOBILIZATION

- Abduction pillow to position hip and legs for healing

#### THERAPY FOCUS

- Protect the surgical site including the incision and underlying surgical tissues
- Home exercise instruction including positioning and ADL function
- Parent education for safe mobility

#### CRITERIA TO PROGRESS

- Uneventful healing of the surgical tissues

### Week 6 to Completion of Care

#### RESTRICTIONS

- Weight bearing as directed by member of surgical team at 6-week follow-up appointment

#### IMMOBILIZATION

- Abduction pillow to position hip and legs for healing (SAW)

#### THERAPY FOCUS

- Surgical scar mobility to begin once good wound closure has occurred
- Begin AAROM and AROM of all LE joints when cleared for WB
- Begin weight-bearing activities and functional mobility
- Gradual return to prior level of function with focus on patient and family's functional goals
- Anticipate full return to baseline function at approximately 12-18 months post-op