

SI JOINT FUSION PHYSICAL THERAPY POST OP PROTOCOL

PHASE 1 – 0-4 WEEKS (WOUND HEALING AND PROTECTION – OUTPATIENT PT STARTS 2-4 WEEKS)

OBJECTIVES: Pain control and promote healing via emphasis on weight bearing limitations and adherence to midrange ROM.

PRECAUTIONS: Avoid hip adduction across the midline. Do not perform repetitive straight leg raise flexion motions. Sit on supportive surface that is level. No additional lifting until out of wheelchair and no longer using assistive devices.

LIMIT WB TO TTWB WHICH MEANS LIMITED WEIGHT THROUGH HEEL WITH WALKER OR CRUTCHES FOR UP TO 6 WEEKS (minimize hip extension with sm. steps).

NO ADDITIONAL LIFTING, BENDING OR TWISTING FOR MINIMUM OF 6 WEEKS.

AP/LATERAL PELVIS IMAGES AT 6 AND 12 WEEKS POST OP APPOINTMENTS.

NOTIFY SURGEON IF ANY NEW RADICULOPATHY, ESPECIALLY IN THE PRESENCE OF LE WEAKNESS

THREE SCREWS OR PINS (per side) TO ALLOW FOR UNILATERAL FIXATION OF SI JOINT

USES ROBOTIC NAVIGATION

ONE SMALL INCISION OVER LATERAL BUTTOCKS (per side) WITH DERMABOND CLOSURE.

SILVERLON DRESSING CAN BE REMOVED AFTER 5 DAYS.

SURGICAL SITE/INCISION IS OK TO GET WET – DO NOT SUBMERGE.

DO NOT APPLY LOTION/BALMS/OINTMENTS/OILS TO INCISION.

PROGRESS FROM CLOSED CHAIN TO OPEN CHAIN (MAT TO SITTING TO STANDING)

DO NOT STARTING ADDING WEIGHTS TO PATIENTS LEGS UNLESS THEY ARE OFF ALL ASSISTIVE DEVICES AND ABLE TO LIFT WEIGHT OF THEIR OWN LEG

EXERCISES:

MAT EXERCISES:

TA BRACING: Isometrics without pelvic tilt

TA WITH MARCHING: Supported heel slides, SAQ

GLUTE SETS – Isometrics

SUPINE ISOMETRIC CLAMS

LIMIT AMBULATION TO < 1 HOUR/DAY

AVOID STAIRS IF POSSIBLE, FOR 6 TO 8 WEEKS.

PHASE 2 -4 – 8 WEEKS (SLOW PROGRESSION OF FUNCTIONAL ADL'S)

OBJECTIVES: Extend ROM, initiate basic exercises to improve core and lower extremity strength. Progress to WBAT (less reliance on assistive device) and wean from pain medication.

PRECAUTIONS: Avoid reaching the limit of hip adduction, flexion, and IR. Establish and maintain proper gait mechanics with progression of weight bearing within tolerance. Exercises should not increase pain and focus on engaging core muscles to minimize low back strain with exercise/activity.

<p>PROGRESSION FROM TTWB TO WBAT AND GRADUAL WEANING FROM ASSISTIVE DEVICE 6-8 WEEKS</p> <p>PROGRESS PROPRIOCEPTIVE TRAINING AND GAIT SEQUENCING</p> <p>AVOID MAXIMUM HIP FLEXION, ADDUCTION, AND INTERNAL ROTATION.</p> <p>PROGRESS LUMBAR EXTENSION TO 10 DEGREES</p>	<p>USE BEGINNER CORE STABILIZATION AND MAT EXERCISES PER PREVIOUS.</p> <p>FOCUS ON HIP STRENGTHENING – MAT -SITTING-STANDING (small range extension, abduction, and flexion).</p> <p>STICK WITH CLOSED CHAIN EXERCISES WHEN INITIATING STANDING EXERCISES – Sliders, squats, mini lunge.</p> <p>SCAR TISSUE MOBILIZATION/CUPPING/PIRIFORMIS RELEASE.</p> <p>BALANCE PROGRESSION: AIREX: Tandem, double leg, BOSU (hard side up)</p>
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PHASE 3 – 8 – 12 WEEKS (FUNCTIONAL STRENGTH – GYM)

OBJECTIVES; Normalize gait mechanics and safety with stairs. Initiate 2 leg CKC lower extremity strengthening exercises. Add proprioceptive training exercises. Achieve end range hip flexion/extension.

PRECAUTIONS: Only participate in exercises that do not increase pain. Limit excessive stair climbing, end range squatting and bending. Advance lifting as tolerated with good mechanics – no pain increase.

BEGIN CARDIO: WALKING, SWIMMING, RECUMBENT BIKE. START AT NO MORE THAN 15 min./TIME.

NO RUNNING OR PLYOMETRIC ACTIVITY FOR MINIMUM OF 3 MONTH