SI JOINT FUSION PHYSICAL THERAPY POST OPERATIVE PROTOCOLS

PHASE 1 — 0 - 2 WEEKS | WOUND HEALING AND PROTECTION

OBJECTIVES

Pain control and promote healing via emphasis on weight bearing limitations and adherence to midrange range of motion.

RESTRICTIONS

- Avoid hip adduction across the midline.
- Do not perform repetitive straight leg raise flexion motions. (Minimize torque through pelvis)
- 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 (six) weeks. (minimize hip extension with small steps).

IMAGING

A/P lateral pelvis images at 6 (six) and 12 (twelve) week post-operative appointments.

PROCEDURE

- Three screws or pins (per side) to allow for unilateral fixation of sacroiliac joint.
- Uses robotic navigation
- Uses one small incision over lateral buttocks (per side) with Dermabond closure.

WOUND CARE [DERMABOND CLOSURE]

- Silverlon dressing can be removed after 5 (five) days.
- Surgical site incision is ok to get wet.
- Do NOT submerge.
- Do NOT apply lotion/balms/ointments/oils to incision.

PHYSICAL THERAPY

Education

- Progress from closed chain to open chain.
- Do not start 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 less than 1 hour per day.

Notify the surgeon if there is any new radiculopathy plus the presence of lower extremity weakness.

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PHASE 2 — 4 - 8 WEEKS | SLOW PROGRESSION OF FUNCTIONAL ADL'S (OUTPATIENT)

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.

RESTRICTIONS

- 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.
- Avoid maximum hip flexion, adduction and internal rotation.

GOALS

- Progression from TTWB to WBAT and gradual weaning from assistive device at 6-8 weeks..
- Progress proprioceptive training and gait sequencing.
- Avoid bearing within tolerance.
- Progress lumbar extension to 10 degrees.

WOUND CARE [DERMABOND CLOSURE]

- Silverlon dressing can be removed after 5 (five) days.
- Surgical site incision is ok to get wet.
- Do NOT submerge.
- Do NOT apply lotion/balms/ointments/oils to incision.

PHYSICAL THERAPY

Education

- Use beginner core stabilization and mat exercises per previous.
- Focus on hip strengthening, mat sitting and standing (small range extension, abductions, and flexion).
- Stick with closed chain exercises when initiating standing exercises. (Sliders, squats and mini lunge.)
- Scar tissue mobilization, cupping, piriformis release.

Exercises

- Mat Exercises
  - TA BRACING: Isometrics without pelvic tilt
  - TA WITH MARCHING: Supported heel slides, SAQ
  - GLUTE SETS – Isometrics

SI JOINT FUSION PHYSICAL THERAPY POST OPERATIVE PROTOCOLS

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.

RESTRICTIONS

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

PHYSICAL THERAPY

Education

- Progress from closed chain to open chain.
- Do not start adding weights to patients legs unless they are off all assistive devices and able to lift weight of their own leg.

Exercises

- CARDIO
-
  Walking
  Swimming
  Recumbent bike

- Limit Ambulation to less than 1 hour per day.