

PROSTHETIC TRAINING POST-PERIACETABULAR OSTEOTOMY WITH PRE-EXISTING HIP DISARTICULATION: A CASE REPORT

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Compliance Statement

Subject signed a consent form. Subject data was kept confidential.

BACKGROUND & PURPOSE: Femoral acetabular impingement is a known precursor to hip osteoarthritis. If left untreated, it can result in early joint degeneration requiring the need for a total hip arthroplasty. Surgical dislocation and periacetabular osteotomy are gaining popularity due to early diagnosis, improved surgical approach, reduced risk of avascular necrosis and more accurate repair and preservation of the natural joint. Currently, there is limited literature on rehabilitation interventions for periacetabular osteotomy. Therefore, the purpose of this case report is to highlight gait training strategies in a patient who underwent periacetabular osteotomy.

CASE DESCRIPTION: The patient was a 43-year-old female with a previous left hip disarticulation who presented to a skilled nursing facility for rehabilitation following a right periacetabular osteotomy due to femoral acetabular impingement. Interventions included passive range of motion, strengthening, balance and mobility training with a left hip/lower extremity prosthesis. The patient and therapist's goals included a safe discharge home with modified independence.

OUTCOMES: After 38 days in the skilled nursing facility, the patient was discharged home with modified independence in ambulation, stair negotiation, transfers and activities of daily living. However, the Timed Up and Go test results at discharge were sub-optimal, one indicator of a high fall risk.

CONCLUSIONS: In persons over the age of 40 years, close to 25% of periacetabular osteotomies require total hip arthroplasty at an average of five years post initial surgery. Gait training with and without the patient's prosthesis for her pre-existing left hip disarticulation presented many challenges not found in a typical rehabilitation for an elective surgery. Clinical judgment required the discontinuation of the prosthetic training in order to safely discharge the patient home.