TABLE 2

Sample Postsurgical Rehabilitation Protocols

Stable slipped capital femoral epiphysis
Phase 1: initial to 6 weeks
Focus on reducing joint inflammation, protecting soft tissue repair, synergistically activating muscle, and restoring range of motion
Immediately initiate passive range of motion to minimize risk of adhesions
Use of appropriate ambulatory aids; using partial weight bearing (eg, with crutches, parallel bars), gait analysis is performed to observe the patient's heel-to-toe pattern
Phase 2: 4 weeks
Wean off crutches after the patient has a normal pain-free gait pattern and can perform pain-free straight leg raises and abduction
Phases 3 and 4: 4-6 weeks each
Strengthening within functional movement patterns, increasing range of motion, and aerobic conditioning
Phase 5: 4-6 weeks
Ensuring adequate functional power is crucial for returning to daily activities or playing
Unstable slipped capital femoral epiphysis
Phase 1: initial to 6 weeks
Anterior hip precautions, with passive range of motion progressing to touch down weight bearing
Phase 2: 6-12 weeks
Passive and active-assisted range of motion exercises with all movements limited to < 90 degrees (partial weight bearing)
Phase 3: 12-24 weeks
Advancing weight bearing as tolerated with active range of motion and strengthening, which will progress from toe touch to full weight bearing and then return to normal activities of daily living; focus is on core and lower extremity strengthening
Phase 4: > 24 weeks
Starts at 24 weeks (6 months) and can last for several weeks; sport-specific training progresses to high-impact sport activities; patient must have a sport-specific training program to return to sports, which will be gradual from noncontact drills, to contact drills, then collision

Information from references 12 and 49.