

hip orif physical therapy protocol

hip orif physical therapy protocol is a critical component in the recovery journey for patients who have undergone open reduction and internal fixation (ORIF) for hip fractures. This comprehensive protocol guides physical therapists, patients, and caregivers through every stage of rehabilitation, from immediate post-operative care to long-term functional recovery. In this article, you will discover the essential phases of hip ORIF physical therapy, including early mobilization, strengthening exercises, gait training, and strategies for maximizing independence. We will delve into the goals, precautions, and step-by-step guidelines tailored to varied patient profiles, ensuring optimal healing while minimizing complications. Whether you are a healthcare provider or a patient seeking clarity on what to expect, this guide delivers actionable insights and evidence-based recommendations. Read on to understand how hip ORIF rehabilitation works, the timeline for progress, and how it empowers patients to regain mobility and quality of life.

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Understanding Hip ORIF Surgery

Hip open reduction and internal fixation (ORIF) is a surgical procedure performed to repair complex hip fractures. In this operation, orthopedic surgeons realign broken bone fragments and secure them using metal plates, screws, or rods. Hip ORIF is often indicated for displaced femoral neck fractures, intertrochanteric fractures, or acetabular injuries that cannot be treated with non-surgical methods. The primary goals are to restore hip joint stability, promote bone healing, and enable early mobilization. Post-surgical rehabilitation is essential for regaining strength, flexibility, and functional independence.

Goals of Hip ORIF Physical Therapy Protocol

The hip ORIF physical therapy protocol is designed with clear goals to address both immediate and long-term needs. Rehabilitation focuses on restoring mobility, improving muscular strength, minimizing pain and swelling, and preventing complications such as deep vein thrombosis or joint stiffness. Physical therapists tailor interventions to each patient's medical history, surgical outcome, and functional abilities. The ultimate objective is to help patients safely return to their daily activities and reduce the risk of re-injury or chronic disability.

- Reduce pain and inflammation
- Protect surgical repairs and promote bone healing
- Restore hip range of motion
- Improve lower extremity strength
- Facilitate safe ambulation and gait
- Enhance functional independence

Phases of Hip ORIF Rehabilitation

The hip ORIF physical therapy protocol is typically divided into key phases, each with specific goals and interventions. These phases ensure a gradual and safe progression from immobilization to full functional recovery. The timeline may vary depending on patient age, fracture type, and healing response.

Phase 1: Acute Post-Operative Phase (Days 1-14)

The initial phase begins immediately after surgery. Physical therapy interventions start as soon as the patient is medically stable. The focus is on pain management, edema reduction, and prevention of complications. Therapists emphasize safe bed mobility, gentle range-of-motion exercises, and breathing techniques. Early mobilization, often with assistive devices, is initiated to reduce the risk of blood clots and pulmonary issues.

Phase 2: Subacute Phase (Weeks 2-6)

During the subacute phase, patients progress from passive to active exercises. The emphasis shifts to improving hip joint mobility, restoring muscle activation, and facilitating transfers. Weight-bearing status is determined by the surgeon and may range from toe-

touch to partial or full weight-bearing. Therapists introduce gentle strengthening, balance exercises, and gait training while monitoring for signs of complications.

Phase 3: Advanced Rehabilitation (Weeks 6-12+)

As bone healing progresses, patients enter the advanced rehab phase. The protocol focuses on restoring full strength, endurance, and functional mobility. More challenging exercises, including resistance training, proprioception work, and advanced gait drills, are included. Return-to-activity planning and sport-specific training may be integrated based on individual goals and progress.

Early Post-Operative Phase

The early post-operative period is critical for setting the foundation for successful recovery. Physical therapists collaborate with the surgical team to monitor incision healing, pain levels, and neurological status. Precautions are strictly observed to protect the surgical site and prevent dislocation or hardware failure.

- Pain management using modalities such as ice or TENS
- Breathing and circulation exercises to reduce risk of DVT
- Gentle hip and knee range-of-motion exercises within allowed parameters
- Bed mobility and positioning education
- Assisted transfers and sit-to-stand practice
- Training with walkers or crutches as prescribed

Intermediate Rehabilitation Phase

The intermediate phase is characterized by increased activity and progressive loading of the hip. Patients are encouraged to participate actively in therapy sessions, focusing on restoring function. Strengthening exercises target the hip abductors, extensors, and core muscles, which are essential for stability and gait.

Strength and Mobility Exercises

Physical therapists prescribe individualized exercise routines to improve muscle strength

and joint flexibility. Common interventions include:

- Isometric contractions for hip and thigh muscles
- Active-assisted and active range-of-motion exercises
- Mini-squats, step-ups, and bridging (as tolerated)
- Balance and proprioceptive training on stable surfaces

Gait Training and Functional Tasks

Safe ambulation is a cornerstone of this phase. Therapists assess gait patterns, correct compensations, and progress assistive device use. Functional tasks such as stair climbing, transfers, and bathroom mobility are gradually introduced.

Advanced Rehabilitation and Functional Training

In advanced rehabilitation, the protocol targets full recovery of strength, endurance, and agility. Patients work on more dynamic activities and prepare for return to higher-level tasks. This phase may include sport-specific or occupational training for athletes and working adults.

- Resistance band or weight training for lower extremity muscles
- Single-leg balance and agility drills
- Cardiovascular conditioning (stationary bike, treadmill walking)
- Functional movement training (getting in/out of car, lifting objects)
- Education on safe return to recreational activities

Precautions and Safety Measures

Safety is paramount throughout the hip ORIF physical therapy protocol. Therapists educate patients on movement precautions to protect the surgical repair. Common restrictions may include limited hip flexion, avoidance of twisting or crossing legs, and monitoring for signs of infection or hardware issues.

- Follow all hip precautions as prescribed by the surgeon

- Monitor for pain, swelling, redness, or wound drainage
- Avoid high-impact activities until cleared by medical team
- Report any unusual sensations or mobility changes promptly

Common Challenges and Solutions

Some patients encounter obstacles during recovery, such as pain, muscle weakness, or fear of movement. Physical therapists address these challenges with targeted interventions, motivation, and patient education. Adherence to therapy and gradual progression are key to overcoming setbacks.

- Managing post-operative pain with modalities and graded exercise
- Addressing weakness through focused strengthening routines
- Providing psychological support and motivation
- Adjusting protocols based on patient tolerance and healing

Patient Education and Home Program

Education is a cornerstone of successful hip ORIF rehabilitation. Physical therapists guide patients and caregivers on safe movement, exercise routines, and lifestyle modifications. A customized home program supports ongoing recovery between outpatient therapy sessions.

- Detailed instructions on home exercises
- Guidance on safe transfers and ambulation
- Recommendations for pain and swelling management
- Tips for fall prevention and environmental safety
- Monitoring progress and recognizing complications

Expected Outcomes and Progression

With adherence to the hip ORIF physical therapy protocol, most patients achieve significant improvements in mobility, strength, and independence. Outcomes depend on age, health status, fracture severity, and commitment to rehabilitation. Therapists track progress using standardized measures and adjust protocols as needed. Many patients return to daily activities, work, and recreation within three to six months following surgery.

Q: What is the primary goal of hip ORIF physical therapy protocol?

A: The primary goal is to restore mobility, strength, and function while protecting the surgical repair, promoting bone healing, and minimizing complications after hip ORIF surgery.

Q: How soon can physical therapy begin after hip ORIF surgery?

A: Physical therapy typically begins within 24 to 48 hours after hip ORIF, once the patient is medically stable, to reduce complications and initiate safe mobilization.

Q: What are common hip precautions after ORIF surgery?

A: Common precautions include avoiding excessive hip flexion, internal rotation, crossing the legs, and high-impact activities until cleared by the surgeon.

Q: Which exercises are important in the early post-operative phase?

A: Early exercises focus on gentle range-of-motion, isometric contractions, breathing, circulation activities, and safe bed mobility to prevent complications and support healing.

Q: When can patients typically return to walking after hip ORIF?

A: Most patients begin assisted walking with devices such as walkers or crutches within the first week post-surgery, progressing to independent gait as healing advances.

Q: How long does the hip ORIF rehabilitation process

usually take?

A: Rehabilitation generally lasts between three to six months, depending on patient factors, fracture type, and adherence to the physical therapy protocol.

Q: What are signs that physical therapy progression should be slowed or adjusted?

A: Increased pain, swelling, redness, wound drainage, or difficulty performing exercises indicate that the protocol should be reviewed and adjusted by the therapist.

Q: Are home exercises necessary after hip ORIF?

A: Yes, a tailored home exercise program is essential for maintaining progress, improving strength, and preventing complications between formal therapy sessions.

Q: What challenges do patients commonly face during hip ORIF rehabilitation?

A: Common challenges include pain, muscle weakness, fear of movement, and difficulty with balance or gait, which therapists address with individualized strategies.

Q: What outcomes can patients expect after completing the hip ORIF physical therapy protocol?

A: Most patients achieve improved mobility, strength, and independence, allowing them to return to daily activities, work, and recreational pursuits with reduced risk of long-term disability.

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Hip ORIF Physical Therapy Protocol: A Comprehensive

Guide to Recovery

Recovering from a hip fracture requiring open reduction and internal fixation (ORIF) is a significant journey, demanding patience, dedication, and a well-structured physical therapy protocol. This comprehensive guide delves into the intricacies of hip ORIF physical therapy, offering insights into the various stages of recovery and the exercises crucial for regaining strength, mobility, and independence. Understanding the process empowers you to actively participate in your healing and achieve the best possible outcome. We'll cover the typical stages of recovery, common exercises, potential challenges, and tips for maximizing your progress.

Understanding the Hip ORIF Procedure and its Implications

Before diving into the physical therapy protocol, it's crucial to understand the nature of a hip ORIF. This surgical procedure involves setting the broken bone fragments back into their correct anatomical position (reduction) and then stabilizing them with internal fixation devices like screws, plates, or rods. While ORIF significantly improves healing prospects, it also leads to initial limitations in mobility and requires a structured rehabilitation program. The extent and intensity of the physical therapy protocol are highly individualized and depend on factors like the patient's age, overall health, the severity of the fracture, and the specific surgical approach used.

Phase 1: The Early Post-Operative Phase (Weeks 1-4)

This initial phase focuses on pain management, minimizing swelling, and preventing complications such as blood clots and pneumonia. Mobility is initially restricted to prevent displacement of the fixation devices.

Key Goals:

Pain Management: Controlling pain levels through medication and other modalities is paramount.

Range of Motion (ROM) Exercises: Gentle, passive range of motion exercises, guided by the therapist, will be initiated to prevent stiffness and maintain joint mobility. This might involve simple ankle pumps, knee bends, and gentle hip flexion within prescribed limits.

Weight Bearing: The physician will determine weight-bearing status (e.g., non-weight bearing, partial weight bearing, full weight bearing) based on the individual's healing progress. Using assistive devices like crutches or a walker will be essential during this phase.

Deep Breathing and Coughing Exercises: These help to prevent pneumonia, a common post-surgical complication.

Early mobilization: Getting out of bed and moving around, as tolerated, is crucial for preventing complications and promoting healing.

Phase 2: Intermediate Rehabilitation (Weeks 4-12)

As pain subsides and healing progresses, the focus shifts towards increasing strength, improving mobility, and restoring functional activities.

Key Goals:

Increased ROM: Active range of motion exercises will be gradually introduced, gradually increasing the range of motion around the hip joint.

Strengthening Exercises: Therapists will introduce exercises targeting the hip, leg, and core muscles to regain strength and stability. This might involve isometric exercises (muscle contractions without movement), isotonic exercises (movement against resistance), and resistance band exercises.

Gait Training: Progressing from using assistive devices to walking independently, with or without assistance, is a primary goal. Practice walking on different surfaces and incorporating stairs.

Functional Activities: Reintegrating daily activities like dressing, bathing, and transferring (getting in and out of bed, chairs, and toilets) are important for regaining independence.

Phase 3: Advanced Rehabilitation and Return to Function (Weeks 12+)

This final phase aims to return the patient to their pre-injury level of activity, or as close as possible.

Key Goals:

Advanced Strengthening: More challenging exercises, including weight training and plyometrics (jump training), are incorporated to build strength and endurance.

Proprioception Training: Exercises that improve balance and coordination are crucial for safe and confident movement.

Functional Training: Simulating real-life activities, like walking longer distances, climbing stairs, and engaging in recreational activities, helps prepare for a full return to daily life.

Return to Sports and Activities: This is a gradual process, guided by the therapist and physician, to ensure safety and prevent re-injury.

Potential Challenges and Considerations

Several factors can influence recovery, including age, pre-existing conditions, compliance with the therapy plan, and potential complications. Pain management, adherence to weight-bearing restrictions, and dealing with potential setbacks are all aspects of the recovery process that require attention and professional guidance. Open communication with your physical therapist and physician is crucial to address any concerns and adjust the therapy plan accordingly.

Conclusion

The hip ORIF physical therapy protocol is a dynamic and individualized journey requiring commitment and consistent effort. By understanding the various phases and goals, patients can actively participate in their recovery, optimizing their chances of regaining full mobility, strength, and a high quality of life. Remember that regular communication with your medical team is key to a successful outcome.

FAQs

1. How long does hip ORIF physical therapy typically last? The duration varies significantly depending on individual factors, but it generally ranges from several weeks to several months.
2. What kind of exercises can I expect during physical therapy? Exercises will progress from passive range of motion to active strengthening, gait training, balance exercises, and functional activities.
3. Will I need surgery again if I don't follow the physical therapy protocol? Failure to adhere to the prescribed protocol can increase the risk of complications, such as re-fracture, nonunion (failure of the bone to heal), and persistent pain. While it doesn't automatically necessitate further surgery, it significantly increases the chance of needing additional interventions.
4. When can I return to work or my regular activities after hip ORIF surgery? The timeframe depends on the nature of your job and your individual recovery progress. Your physician and physical therapist will help determine when you are ready to return to your daily activities.
5. What if I experience increased pain during physical therapy? Increased pain is a signal that you should stop the exercise and inform your physical therapist. They will adjust the intensity or modify the exercises to ensure your safety and comfort.

hip orif physical therapy protocol: Orthogeriatrics Paolo Falaschi, 2021 This new open access edition supported by the Fragility Fracture Network aims at giving the widest possible dissemination on fragility fracture (especially hip fracture) management and notably in countries where this expertise is sorely needed. It has been extensively revised and updated by the experts of this network to provide a unique and reliable content in one single volume. Throughout the book, attention is given to the difficult question of how to provide best practice in countries where the discipline of geriatric medicine is not well established and resources for secondary prevention are scarce. The revised and updated chapters on the epidemiology of hip fractures, osteoporosis, sarcopenia, surgery, anaesthesia, medical management of frailty, peri-operative complications, rehabilitation and nursing are supplemented by six new chapters. These include an overview of the multidisciplinary approach to fragility fractures and new contributions on pre-hospital care, treatment in the emergency room, falls prevention, nutrition and systems for audit. The reader will have an exhaustive overview and will gain essential, practical knowledge on how best to manage fractures in elderly patients and how to develop clinical systems that do so reliably.

hip orif physical therapy protocol: Fragility Fracture Nursing Karen Hertz, Julie

Santy-Tomlinson, 2018-06-15 This open access book aims to provide a comprehensive but practical overview of the knowledge required for the assessment and management of the older adult with or at risk of fragility fracture. It considers this from the perspectives of all of the settings in which this group of patients receive nursing care. Globally, a fragility fracture is estimated to occur every 3 seconds. This amounts to 25 000 fractures per day or 9 million per year. The financial costs are reported to be: 32 billion EUR per year in Europe and 20 billion USD in the United States. As the population of China ages, the cost of hip fracture care there is likely to reach 1.25 billion USD by 2020 and 265 billion by 2050 (International Osteoporosis Foundation 2016). Consequently, the need for nursing for patients with fragility fracture across the world is immense. Fragility fracture is one of the foremost challenges for health care providers, and the impact of each one of those expected 9 million hip fractures is significant pain, disability, reduced quality of life, loss of independence and decreased life expectancy. There is a need for coordinated, multi-disciplinary models of care for secondary fracture prevention based on the increasing evidence that such models make a difference. There is also a need to promote and facilitate high quality, evidence-based effective care to those who suffer a fragility fracture with a focus on the best outcomes for recovery, rehabilitation and secondary prevention of further fracture. The care community has to understand better the experience of fragility fracture from the perspective of the patient so that direct improvements in care can be based on the perspectives of the users. This book supports these needs by providing a comprehensive approach to nursing practice in fragility fracture care.

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hip orif physical therapy protocol: Pelvic Ring Fractures Axel Gänsslen, Jan Lindahl, Stephan Grechenig, Bernd Füchtmeier, 2020-11-25 This book provides in-depth coverage of all aspects of pelvic ring fractures and their management. The opening chapters supply essential information on surgical anatomy, biomechanics, classification, clinical evaluation, radiological diagnostics, and emergency and acute management. The various operative techniques, including navigation techniques, that have been established and standardized over the past two decades are then presented in a step-by-step approach. Readers will find guidance on surgical indications, choice of approaches, reduction and fixation strategies, complication management, and optimization of long-term results. Specific treatment concepts are described for age-specific fractures, including pediatric and geriatric injuries, and secondary reconstructions. Pelvic ring fractures represent challenging injuries, especially when they present with concomitant hemodynamic instability. This book will help trauma and orthopaedic surgeons at all levels of experience to achieve the primary treatment aim of anatomic restoration of the bony pelvis to preserve biomechanical stability and avoid malunion with resulting clinical impairments.

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guidelines for postsurgical rehabilitation interventions. Its authoritative material is drawn from the most current literature in the field as well as contributions from expert physical therapists, occupational therapists, and athletic trainers affiliated with the Hospital for Special Surgery (HSS). A DVD accompanies the book, featuring over 60 minutes of video of patients demonstrating various therapeutic exercises spanning the different phases of postsurgical rehabilitation. Examples include hand therapy procedures, working with post-surgical patients with cerebral palsy, sports patient injuries, and pediatric procedures for disorders such as torticollis. - Material represents the best practices of experts with the Hospital of Special Surgery, one of the best known and most respected orthopedic hospitals. - Phases of treatment are defined in tables to clearly show goals, precautions, treatment strategies and criteria for surgery. - Many of the treatment strategies are shown in videos on the accompanying DVD, enabling the user to watch the procedure that is discussed in the text. - Information on pediatric and geriatric patients explores differing strategies for treating these populations. - Treatments specific to sports injuries are presented, highlighting the different rehabilitation procedures available for athletes. - An entire section on hand rehabilitation provides the latest information for hand specialists. - Information on the latest treatment strategies for hip replacement presents complete information on one of the most common procedures. - Easy-to-follow guidelines enable practitioners to look up a procedure and quickly see the recommended rehabilitation strategy. - A troubleshooting section provides solutions for common problems that may occur following each phase of the rehabilitation process. - Broad coverage addresses both traditional techniques as well as newer methods in a single resource. - Clear photos and illustrations show how to correctly perform the techniques described in the book.

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is to contribute to the scientific discussion in this area and to help provide the optimal care for these patients.

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hip orif physical therapy protocol: Geriatric Hip Fractures Nicholas C. Danford, Justin K. Greisberg, Charles M. Jobin, Melvin P. Rosenwasser, Marcella D. Walker, 2021-08-08 The global burden of geriatric hip fractures is enormous. From both the patient's and physician's perspective, the injury is complex. A hip fracture often changes a patient's life and/or the life of the patient's family permanently. From the physician's perspective, care of geriatric hip fracture patients requires a multidisciplinary team, which is led by the surgeon and which includes internists and other subspecialists within internal medicine, anesthesiologists, nurses, operating room technicians, social workers, physical therapists, and rehabilitation center coordinators and staff. Nowhere in the orthopedic literature is there a text that guides care for these complex patients from injury through recovery. This text is the first to do so by organizing and synthesizing a large body of literature. Its main themes include pre-operative, operative, and post-operative care of the patient who sustains a geriatric hip fracture. Its main objective is to organize the current body of literature into a cohesive whole so that the busy orthopedic surgeon does not have to undertake a literature search each time he or she wants an answer to the myriad questions that characterize a patient's injury, treatment, and recovery course. With regard to pedagogy, because orthopedic surgeons in training will utilize this book, and because the case study is the central pedagogical tool in the field of orthopedic surgery, this book includes case studies within each chapter, with the author's preferred treatment and decision-making rationale for each case. Selected video supplements reinforce real-world application of knowledge. Practicing orthopedic surgeons, as well as orthopedic residents and fellows in training, will find *Geriatric Hip Fractures: A Practical Approach* a highly useful and informative resource.

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This book is exceptional in providing detailed state of the art guidance on all aspects of transfer of the latissimus dorsi tendon for indications including irreparable posterosuperior rotator cuff tears, irreparable subscapularis tears, and shoulder replacement. In addition to clear, well-illustrated descriptions of arthroscopically assisted surgical technique, readers will find helpful information on biomechanics, surgical indications, post-transfer rehabilitation, and complications and their management. Outcomes from individual studies and meta-analyses are evaluated, and a feature of special interest is the presentation of experiences and results in a series of more than 430 patients using the surgical technique first described by Enrico Gervasi more than 10 years ago. This technique involves modifications in both preparation of the footprint for the latissimus dorsi tendon and the biomechanical features of the tendon transfer and is very different from the procedure proposed by Christian Gerber. The book will be of high value for all orthopedic surgeons who perform this complex shoulder surgery, as well as for residents and fellows-in-training.

hip orif physical therapy protocol: *Rehabilitation for the Postsurgical Orthopedic Patient* Lisa Maxey, Jim Magnusson, 2006-12-07 This is a Pageburst digital textbook; the product description may vary from the print textbook. This text provides the physical therapist with the information they need to know about specific orthopedic surgeries and the rehabilitation techniques. Each chapter presents the indications and considerations for surgery; a detailed look at the surgical procedure, including the surgeon's perspective regarding rehabilitation concerns; and therapy guidelines to use in designing the rehabilitation program. In addition to including descriptions of each surgery, this book provides rehabilitation protocols for each surgery along with ways to trouble shoot within various patient populations (i.e. geriatric, athletic, pediatric, etc.). Unlike the more general orthopedic books, this book provides specific clinical information about individual orthopedic surgeries along with a chapter on soft tissue healing. Each chapter is written by an MD and PT or OT providing both surgical and rehabilitation information. Includes the latest, evidence-based therapy guidelines to help therapists design the most effective rehab programs for their patients. Every chapter includes case study vignettes with critical thinking questions to encourage students to use clinical reasoning. Provides detailed tables that break down therapy guidelines with rehab phases to give a quick resource to rehabilitation and therapy plans. Includes the indications and considerations of specific surgical procedures to demonstrate why surgery should or should not be considered. Describes surgeries in detail to give therapists a clear understanding of the surgical procedures used for various injuries and disorders so they can fashion the appropriate rehabilitation program. Includes coverage of commonly accepted therapy guidelines to allow therapists to design a home therapy program as well as what's needed immediately post surgery. Suggested Home Maintenance boxes, included in every chapter, provide guidance for the patient once they return home. Emphasizes the unique needs of the individual patient with suggested home maintenance guidelines and the entire treatment plan broken out by phase for every chapter. Over 300 photos and line drawings provide invaluable teaching tools for instructors and references to the practitioners. Content provided by well-known contributors from around the country. Four new chapters: Pathogenesis of Soft Tissue and Bone Repair, Total Shoulder Replacement, Surgery and Rehabilitation for Primary Flexor Tendon Repair in the Digit, and Cervical Spine Fusion. Includes new information within the appendices on transitioning the running and jumping athlete (e.g. basketball player) back to court and the mini invasive anterior approach to total hip replacement. New authors and editors bring fresh perspective to the topics covered in the text. Each chapter is thoroughly revised with the most current information available on orthopedic surgeries and therapy. Evaluations and guidelines are designed more specifically to the surgical diagnoses for the postsurgical patient. Companion CD-ROM includes the suggested home maintenance boxes in a printable and editable form as well as anatomical and surgical animations on important procedures and anatomical areas.

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involved in the care of patients with injury to the pelvic ring, acetabulum, or both. The text is structured into four chapters: topics that are common to both evaluation and treatment of pelvic ring and acetabular fractures, information specific to classification, treatment, and outcomes of pelvic ring injuries, information specific to classification, treatment and outcomes of fractures of the acetabulum, and postoperative management and management of complications.

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Clinical Pearls and Precautions highlight relevant information learned by the experienced author and contributors that you can apply to clinical practice. Case examples included in the diagnoses chapters in Part Three demonstrate the use of clinical reasoning and a humanistic approach in treating the client. Diagnosis-specific information in the final section of the book is well-organized to give you quick access to the information you need. Special features sections such as Questions to Discuss with the Physician, What to Say to Clients, Tips from the Field, and more help readers find their own clinical voices. Online sample exercises give you a pool to pull from during professional practice. NEW! Chapters on yoga and pilates provide guidance into new ways to treat upper extremity problems. NEW! Chapter on wound care gives you a thorough foundation on how wounds impact therapeutic outcomes. NEW! Chapter on orthotics has been added to cover basic splinting patterns. NEW! Online resources help assess your understanding and retention of the material.

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Madeleine Mooney, Claire Ireson, 2013-05-20 This book fills a gap in providing specialist information on orthopaedics and trauma occupational therapy. Its contributors bring together information on the aetiology, surgical input and the occupational therapy intervention appropriate to this client group. It is divided into two main sections, the first being orthopaedics and the second orthopaedic trauma. The first part is further subdivided to cover lower limb surgery, upper limb surgery, spinal conditions, and paediatric orthopaedic conditions. In Part two, principles of fracture management are covered, followed by pelvic and acetabular reconstruction, hand injuries and traumatic amputation.

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2014-08-20 In general, surgeons strive to achieve excellent results and ideal patient outcomes, however, this noble task is frequently failed. For patients, surgical complications are analogous to "friendly fire" in wartime. Both scenarios imply that harm is unintentionally done by somebody whose aim was to help. Interestingly, adverse events resulting from surgical interventions are more frequently related to system errors and a communication breakdown among providers, rather than to the imminent threat of the surgical blade "gone wrong". Patient Safety in Surgery aims to increase the safety and quality of care for patients undergoing surgical procedures in all fields of surgery. Patient Safety in Surgery, covers all aspects related to patient safety in surgery, including pertinent issues of interest to surgeons, medical trainees (students, residents, and fellows), nurses, anaesthesiologists, patients, patient families, advocacy groups, and medicolegal experts.

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2019-06-01 Significantly updated with the latest developments in diagnosis and treatment recommendations, Ferri's Clinical Advisor 2020 features the popular 5 books in 1 format to organize vast amounts of information in a clinically relevant, user-friendly manner. This efficient, intuitive format provides quick access to answers on 1,000 common medical conditions, including diseases and disorders, differential diagnoses, and laboratory tests - all reviewed by experts in key clinical fields. Updated algorithms, along with hundreds of new figures, tables, and boxes, ensure that you stay current with today's medical practice. - Contains significant updates throughout, covering all aspects of current diagnosis and treatment. - Features 27 all-new topics including chronic traumatic encephalopathy, medical marijuana, acute respiratory failure, gallbladder carcinoma, shift work disorder, radial tunnel syndrome, fertility preservation in women, fallopian tube cancer, primary chest wall cancer, large-bowel obstruction, inguinal hernia, and bundle branch block, among others. - Includes a new appendix covering Physician Quality Reporting System (PQRS) Measures. - Provides current ICD-10 insurance billing codes to help expedite insurance reimbursements. - Patient Teaching Guides for many of the diseases and disorders are included, most available in both English and Spanish versions, which can be downloaded and printed for patients.

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The incidence of total hip arthroplasty is increasing in number because of successful outcomes. Although technically challenging, once mastered a hip replacement is one of the most gratifying surgeries for both patient and surgeon. This book covers some of the most important aspects of hip replacement surgery. These include preoperative planning, anesthesia, classification systems, management of

proximal femur fractures, anterior approach, complications, and rehabilitation aspects of hip arthroplasty. The book is intended for arthroplasty surgeons, anesthetists, and physical therapists who will find the book useful in parts and as a whole if they deal with arthroplasty cases on a regular basis. Experience-based narration of various subjects by authors ensures that first-hand experience is passed on to readers in a simple, easy-to-understand manner.

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achieve better outcomes.

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