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This leaflet is available in large print. Arrangements can also be made on request for it to be explained in your preferred language. Please contact the Patient Advice and Liaison Service (PALS) email: pals@rjah.nhs.uk

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Author: KSG

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Hospital Stop Smoking Service

For advice and information on quitting smoking, or for an informal chat, please contact the Hospital Stop Smoking Sister on:

01691 404114

Further Information

Please contact the tumour unit with any questions or if you are concerned on **01691 404107**.

If there is no one to take your call please leave your name and number on the answer machine.

Guidelines for Physiotherapy Rehabilitation



Proximal Femoral Replacement

The Robert Jones and Agnes Hunt
Orthopaedic Hospital NHS Foundation Trust,
Oswestry, Shropshire SY10 7AG
Tel: 01691 404000
www.rjah.nhs.uk

Proximal Femoral Replacement

During a Proximal Femoral replacement the proximal third of the femur is excised and replaced with a massive prosthesis incorporating a hip replacement. Hip abductors may be closed *en mass* or reattached to the prosthesis. The surgery is performed for bone tumours of the proximal femur.

Complications

Early

- Infection
- Wound healing
- Nerve damage/Neuropraxia
- Dislocation

Late

- Tumor Recurrence
- Aseptic loosening

Patient education/Expected Outcome

- Should be able to achieve good function, but it may take up to 12 months before optimal function has been achieved.
- Aim to achieve independent mobility with no aids. However, patients with weak abductors may need a stick and are likely to walk with a Trendelenburg gait.

Restrictions

- No contact sports

Phase of Rehabilitation

Phase 1

0-6 weeks

Goals

Adequate analgesia
Maximise tissue healing
Transfer and mobilise independently with walking aids
If appropriate, be able to negotiate stairs safely
Can start driving when good muscular control, but patients need also to check with their insurance company.



Physiotherapy rehabilitation programme

- Circulatory exercises
- Gait re-education with appropriate walking aids. Stairs practice as appropriate
- Encourage independence with ADL
- Patient education
- After 2 weeks the patient will be reviewed in Tumour Units clinic

Phase 2

6 weeks

Goals

Improve gait and wean off walking aids as appropriate
Improve muscle strength, in particularly around the hip and knee
Prepare physical and psychological ability to return to optimal function

Physiotherapy rehabilitation programme

- Active muscle strengthening exercises
- Gait re education, wean off walking aids as appropriate
- Muscle balance exercises as appropriate
- Home exercise programme
- The patient may be admitted for inpatient physiotherapy rehabilitation, as discussed with surgeon. This will involve exercises in the hydrotherapy pool and in the physiotherapy department gym

This is a guideline only. Each case should be assessed individually and the guideline may be altered where necessary.

Bibliography

METS Modular Proximal Tibia Implant system. www.stanmoreimplants.com
Martin Malawer and Paul Sugarbaker. Musculoskeletal Cancer Surgery.
Treatment of Sarcoma and Allied Diseases.