

**Post-operative Physiotherapy Pathway
Distal Femoral Endoprosthetic Replacement**

Owner:	Benjamin Thomas Physiotherapy and Orthotics Manager
Approved by	Therapies Clinical Governance Group
Approval Date	11 th August 2023
Review Date	11 th August 2026 This is the most current document and should be used until a revised version is in place

Key Amendments

Date	Amendments	Approved by:
25 th January 2023	Document extended to 30 th June 2023 whilst under review.	Dr J Trevelyan/ Benjamin Thomas
23 rd June 2023	Document extended for another 3 months whilst under review.	Benjamin Thomas
11 th August 2023	Document approved for 3 years	Therapies Governance Group

This protocol is intended as a guide, not a strict regime. The treatment of a patient may vary from the normal

Pre-Op: Patients should ideally attend pre-operative assessment, but as some patients are emergency admissions this is not always possible.

- Explain post op regime
- Identification & provision of assistive equipment if required for post-op precautions. Advice re organisation of home environment.
- Confirm discharge destination and support for immediate post discharge period.
- Education of hip precautions.
- Identify 'complex' discharges that may need package of care on discharge.

Post-Op:

It is the aim that all patients that have had a Routine Primary Distal Femoral Endoprosthetic Replacement follow this protocol where the post - operative instructions read ***routine*** or ***Full Weight Bearing (FWB)***. It is the responsibility of the operating surgeon to document if they do not wish their patient to follow this protocol. Strict adherence to the day to day progress is not necessary and needs to be guided by the progress of the patient.

Day 0:

- Surgery
- Post-operative prophylaxis breathing exercises
- Circulatory exercises
- Ensure resting in full extension, no bend on bed / pillows / trough under knee.

Day 1:

- Check operation notes
- Bed exercises
- Demonstration of “Clunk” & explanation of rehabilitation
- Attempt edge sit and stand if appropriate
- No restriction on Range of movement (ROM) unless extra-articular resection or wound concerns and therefore deviation stated in operation notes

Day 2:

- Review bed exercises
- Mobilise with zimmer frame or elbow crutches FWB
- Gait re-education using “Clunk” for stance phase
- Check patella tracking

Day 3:

- Progress to elbow crutches if appropriate
- Independent with bed exercises
- Review knee flexion - CPM if indicated
- Ice therapy
- Independent with transfers – on/off bed, sit/stand

Day 4 onwards

- Independent with elbow crutches
- Progression exercises in standing
- Review knee flexion - CPM if indicated
- Ideally achieved 60 degrees flexion prior to discharge
- Ice therapy
- Stair assessment if appropriate
- Refer to local physiotherapy for outpatient physio & hydro if able.

NB: A functional Ax will be undertaken by Occupational Therapy during the post - operative period and collaboration with the MDT should be sort when planning discharge.