

## **Timely expected improvement**

### **ORTHO CASES**

1. After a fracture or lower limb fixation surgery (Vary depends on the site)

#### **Gait Training :**

- 0-6 Weeks – Non-Weight Bearing (The patients can hop on their unaffected leg using a mobility aid. The affected leg must remain off the ground)
- 6-8 Weeks – Partial Weight Bearing (The patients must apply 50% of their body weight through the affected leg, maintaining a heel-toe gait)
- >8 Weeks – Full Weight Bearing or Weight bearing as Tolerated – The patient can put their full body weight through the affected leg. The actual amount tolerated may vary according to the circumstances.

#### **Mobilization (Based on consultant advice)**

- Upto 6 weeks – No mobilization or available ROM within tolerable pain range
- 6 to 8 Weeks – 25% ROM should be achieved
- 8 to 10 weeks – 50% ROM should be achieved
- >10 Weeks – Aim for full ROM

### **2. TKR**

#### **Phase 1 (upto 2-3 weeks post surgery)**

- Achieved active and passive knee flexion to 90 degrees, and full knee extension (Keep passive knee flexion range of motion testing to less than 90 degrees in the first 2 weeks to protect surgical incision and respect tissue healing)
- Patient education: pain science, pain management, the importance of home exercises

#### **Phase II: 4-6 weeks post-surgery**

- No quadriceps lag, with good, voluntary quadriceps muscle control
- Achieved 105 degrees of active knee flexion range of motion
- Achieved full knee extension
- Progressed walking with a 4-point cane
- Minimal to no pain and swelling

#### **Phase III: 6-8 weeks post-surgery**

- Strengthening exercises to ensure hypertrophy beyond neural adaptation
- Lower limb functional exercises
- Balance and proprioception training
- Progress walking without assistive device (if applicable)

### 3. THR

#### **Phase 1 (1-3 weeks post surgery)**

##### **Precautions**

1. Anterior approach (No hip extension past 20 degrees , No hip external rotation past 50 degrees)

2. Posterior approach (No hip flexion past 90 degrees, No hip internal rotation or adduction past neutral)

3. Lateral approach (Avoid passive and active extension with external rotation for 6 weeks post-op)

4. General precautions (WBAT, with use of AD as needed (crutches, walker) , No crossing legs, Use good bending/lifting mechanics (keep back straight and bend at knees), Keep hips above knees when sitting, avoid deep chairs)

- Minimal pain, inflammation, and swelling
- Ambulation with assistive device without pain or gait deviation
- Independent with current daily home exercise regimen

#### **Phase 2 (3-6 weeks post-surgery)**

Precautions: Same as above

- Minimal to no pain, inflammation, and swelling
- Ambulation without assistive device without pain or deviation
- Good voluntary quad control

#### **Phase 3 (6-12 weeks post-surgery)**

Precautions - Precautions are lifted at 6 weeks post-op unless otherwise specified by surgeon

- No pain with functional activities of daily living
- Good lower extremity strength of  $\geq 4/5$  throughout
- Patient is independent with reciprocal stair climbing

# NEURO

## 1.Stroke

### - 0-3 Months

- 50% of muscle strength based on the lesion
- Fair to good Sitting balance with assistance
- Fair to Good standing balance with assistance
- Initiate gait with assistance

### 3 to 6 Months

- 75% of muscle strength
- Good Sitting balance without assistance
- Good standing balance without assistance
- Able to walk indoor with or without assistance
- Community walking with assistance