

Hip Preservation: Enhancing Mobility & Patient Outcomes

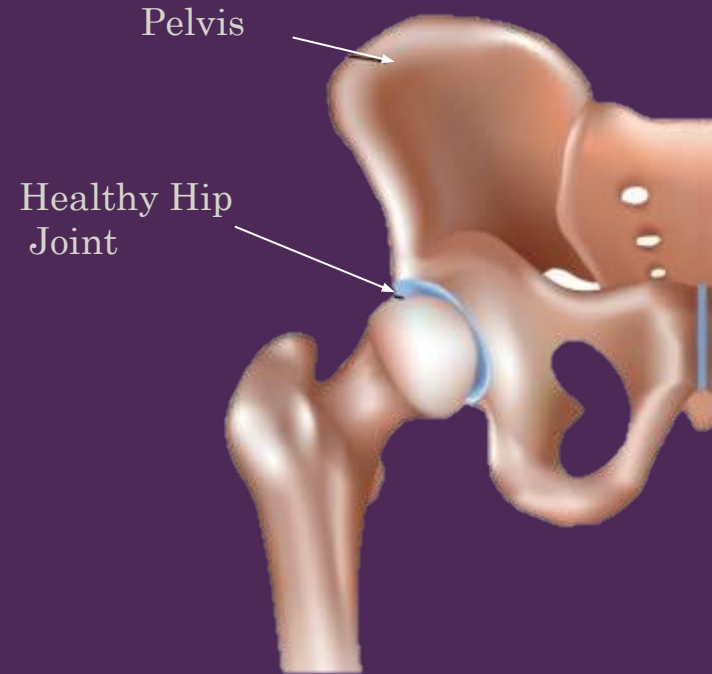
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Introduction to Hip Preservation

Proactive Care to Preserve Hip Function

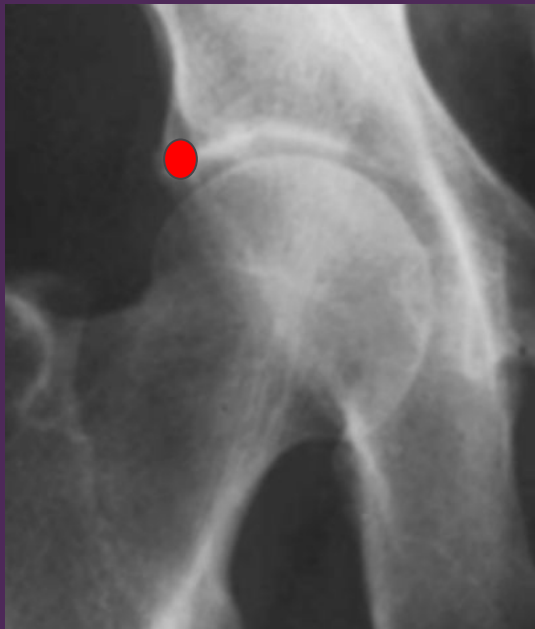
- Hip preservation focuses on early diagnosis and intervention.
- Combining non-surgical techniques (therapy, injections) with surgical options if necessary.
- Goal: Prevent hip replacement and maintain an active lifestyle through early intervention.



What is Hip Dysplasia?

Hip dysplasia is an abnormality of the hip joint where the socket portion does not fully cover the ball portion, resulting in an increased subtle hip joint instability.

Normal

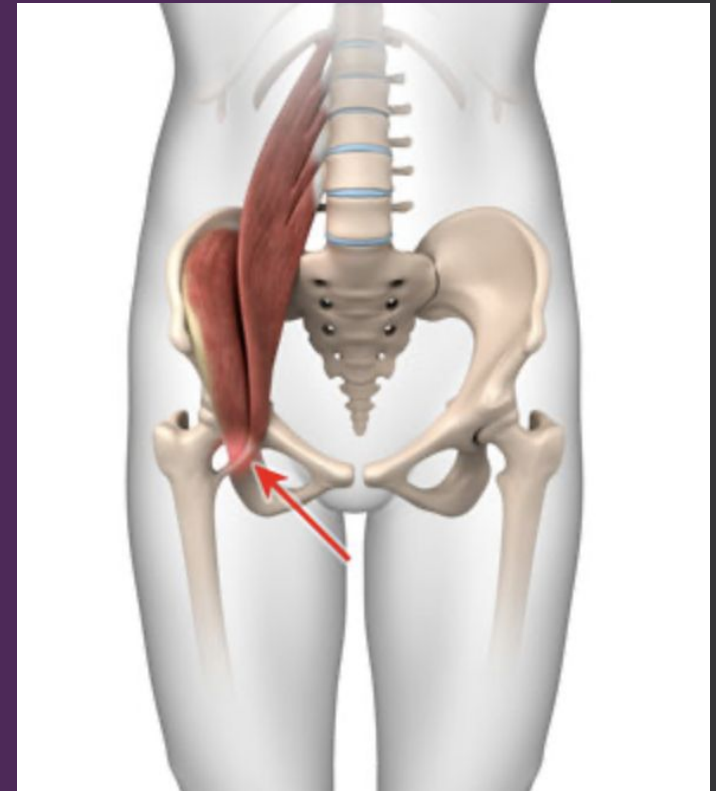


Dysplastic



How Does Hip Dysplasia Result in Hip Pain?

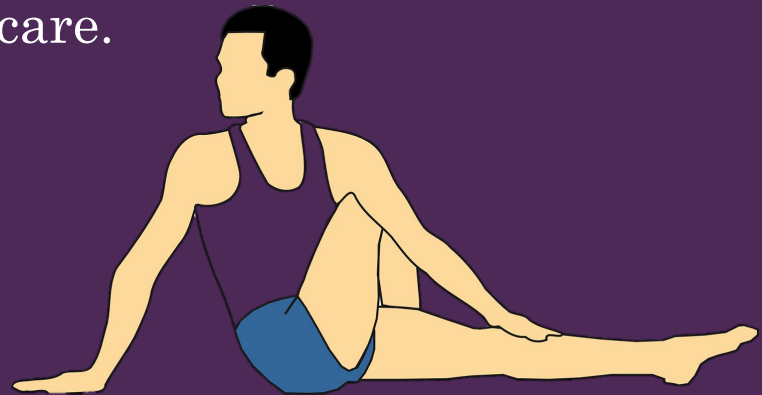
- Because a dysplastic acetabulum does not provide enough bony support, this creates instability for this hip joint
- Hip musculature has to work overtime to provide compensatory stability
- For this reason, physical therapy is the primary initial treatment
- Focusing on rehabbing and strengthening these muscles is critical to help treat symptoms of hip dysplasia



Primary Approach: Physical Therapy

Physical Therapy as the Foundation for Treatment

- PT prioritizes non-surgical management for hip pain.
- Techniques include manual therapy, strengthening, core stabilization, and improving hip mobility.
- Collaboration between therapists and surgeons ensures comprehensive, patient-centered care.



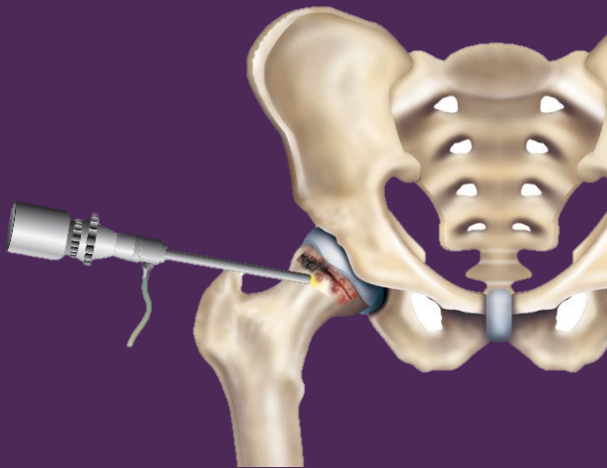
Hip Preservation

Only after failing extensive physical therapy protocols, do we consider surgical intervention.

When to Consider Surgery: Hip Scope vs. PAO

Hip Arthroscopy

Minimally invasive, used for treating intra-articular issues i.e. labral tears and femoroacetabular impingement (FAI).



VS.

Periacetabular Osteotomy

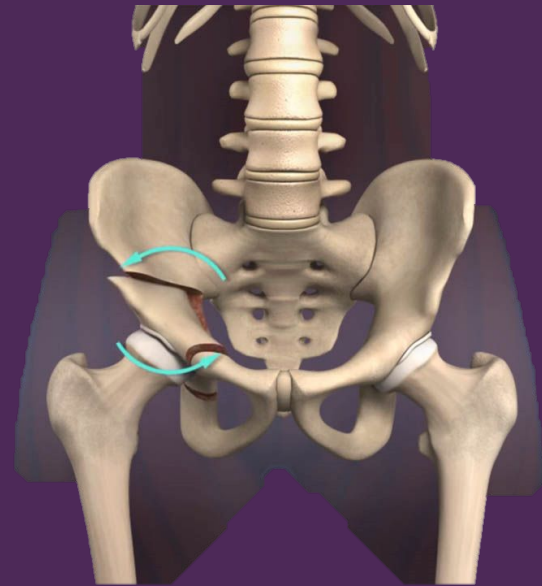
Aimed at correcting hip dysplasia, stabilizing the joint by reshaping the acetabulum, and critical to protecting the hip arthroscopy repairs.



Understanding PAO Surgery

Correcting Structural Issues for Long-Term Benefits

- PAO is a major reconstructive surgery that realigns the hip socket to increase coverage of the femoral head.
- Reduces the risk of arthritis and delays or prevents the need for total hip replacement.
- Recovery takes months, but long-term benefits are significant for young, active patients.
- ***Goal: Avoid total hip replacement at a young age.***



Post-Surgical Rehab Protocols

Tailored Rehabilitation for Successful Recovery

- **Phase 1** (0-6 weeks): Joint protection and passive ROM exercises.
- **Phase 2** (6-12 weeks): Gradual weight-bearing as tolerated, progressive strengthening.
- **Phase 3** (12+ weeks): Advanced strength training, return-to-sport.

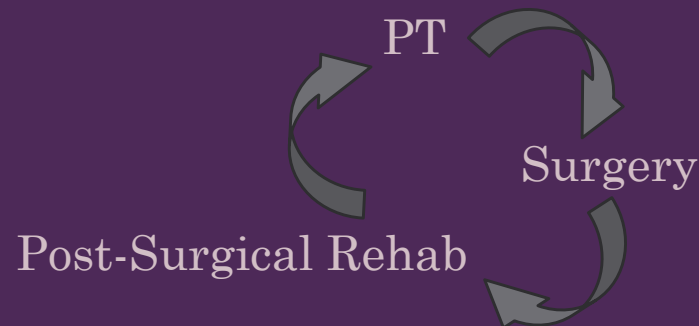
Willingness to adapt protocols to local therapist preferences for optimal patient outcomes.



How Physical Therapists and Surgeons Can Collaborate

Partnering for Better Outcomes

- We believe **strongly** in open communication between surgeons and local physical therapists.
- Encourage ongoing dialogue to ensure optimal recovery pathways.
- Tailored rehab protocols post-surgery, designed with input from our partnering therapists for best results.



Let's Collaborate for Better Patient Outcomes!



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