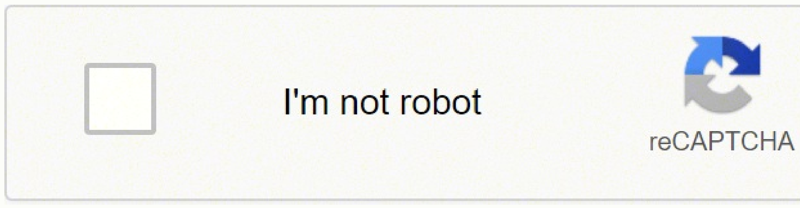

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Knee Conditioning Program
STRETCHING EXERCISES

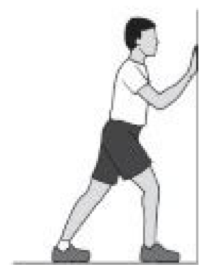
1. Heel Cord Stretch

Repetitions
2 sets of 4

Days per week
6 to 7

Main muscles worked: Gastrocnemius-soleus complex
You should feel this stretch in your calf and into your heel

Equipment needed: None



Step-by-step directions

- Stand facing a wall with your unaffected leg forward with a slight bend at the knee. Your affected leg is straight and behind you, with the heel flat and the toes pointed in slightly.
- Keep both heels flat on the floor and press your hips forward toward the wall.
- Hold this stretch for 30 seconds and then relax for 30 seconds. Repeat.

Tip Do not arch your back.

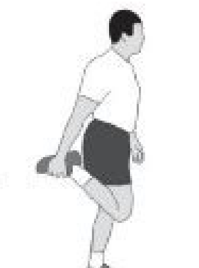
2. Standing Quadriceps Stretch

Repetitions
2 to 3

Days per week
4 to 5

Main muscles worked: Quadriceps
You should feel this stretch in the front of your thigh

Equipment needed: None



Step-by-step directions

- Hold on to the back of a chair or a wall for balance.
- Bend your knee and bring your heel up toward your buttock.
- Grasp your ankle with your hand and gently pull your heel closer to your body.
- Hold this position for 30 to 60 seconds.
- Repeat with the opposite leg.

Tip Do not arch or twist your back.

AAOS does not endorse any treatments, procedures, products, or physicians referenced herein. This information is provided as an educational service and is not intended to serve as medical advice. Anyone seeking specific orthopaedic advice or assistance should consult his or her orthopaedic surgeon.
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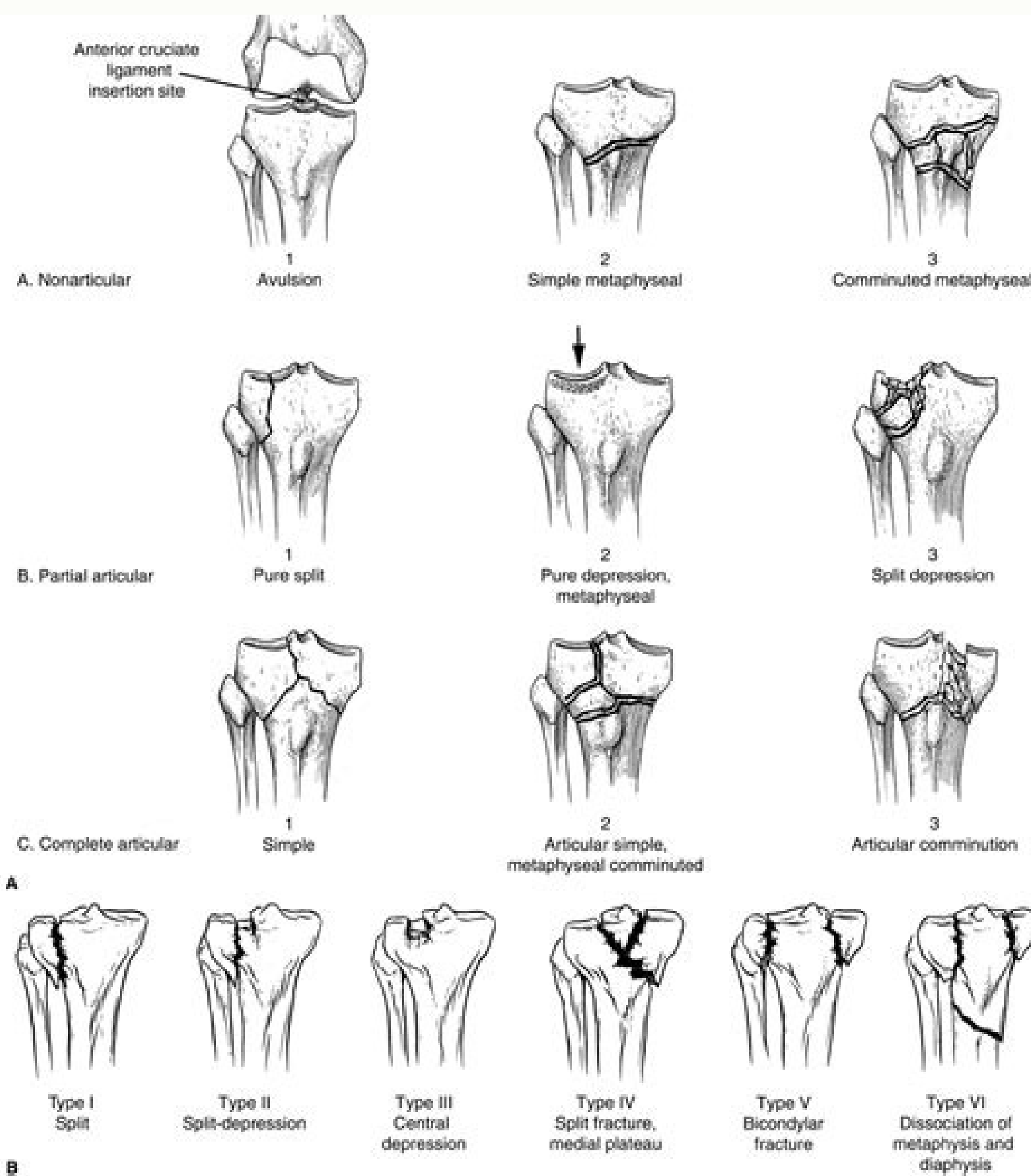
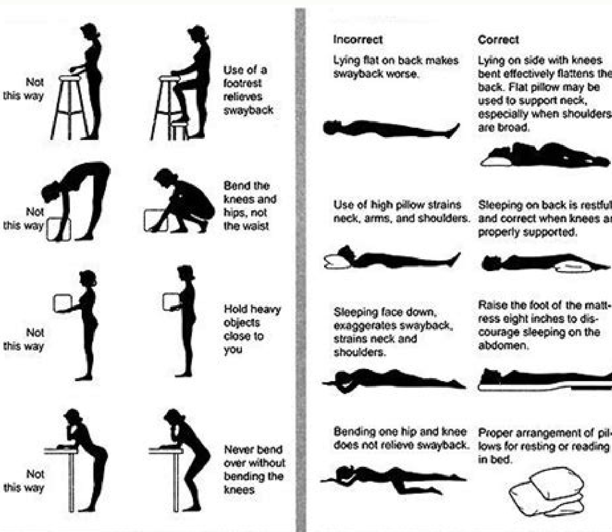
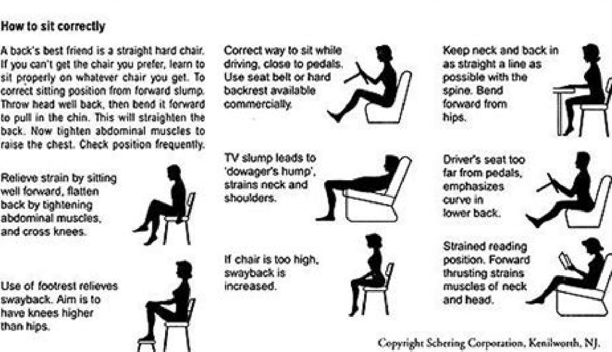
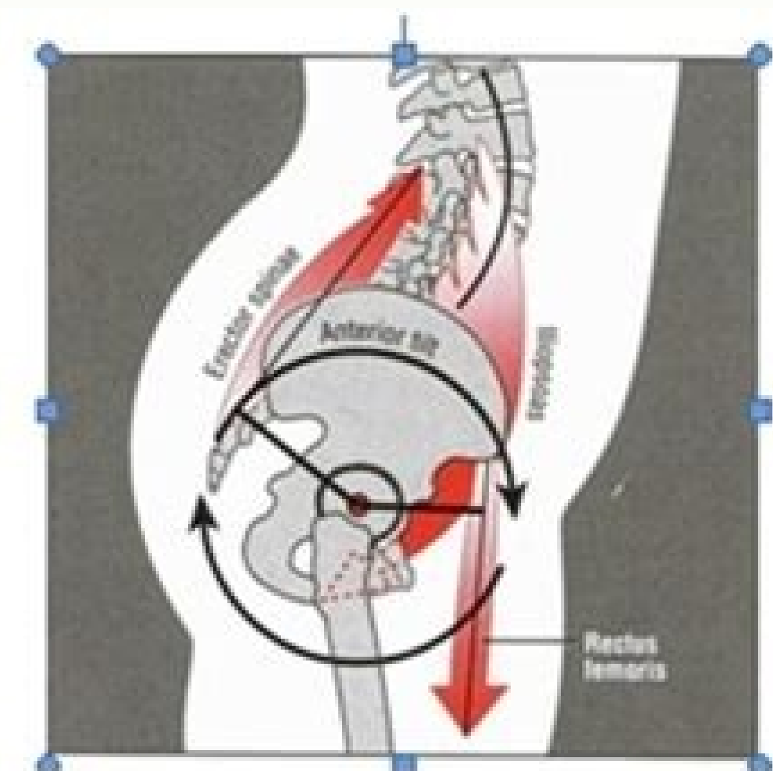
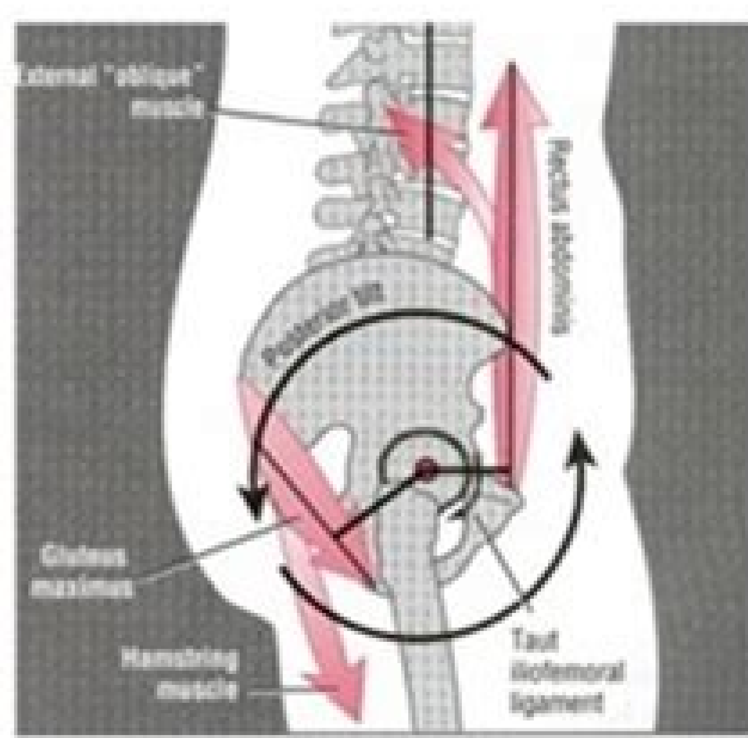








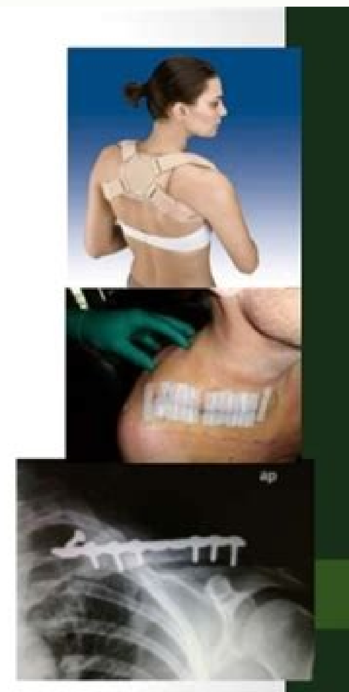


Tratamiento:

Reducción:
- En fracturas sin desplazamiento
- Ortopédica mediante hiperextensión de los hombros hacia atrás
- Quirúrgica poco frecuente, en caso de reducción ortopédica inadecuada

Contención:

- Cabestrillo si no hay desplazamiento
- Vendaje en ocho si hay desplazamiento
- Osteosíntesis si precisa (poco frecuente)
- Tiempo de recuperación: 4-6 semanas



Acetabular fracture rehabilitation exercises filetype pdf.

AcetÃ bulo fracture can be associated with late morbidity that refers to the development of osteoarthritis [4] [5]. The force exerted by this high-impact cavity drives the femoral head into the acteÃ bulo like a hammer. For this reason³ n other musculoskeletal injuries It cannot be overlooked, that is, knee fractures and cystic nerve lesion³ are possible co-injuries. When fÃ© mur head is in abducciÃ ³ n: transverse or T-shaped fracture, as the inferomedial area is touched [7] when the hip is flexed (90 Â°) and the knee is bent or extended: fracture of the posterior column occurs; This is similar in both knee positions. Another variable to consider is the size of an individual. The ³ is, therefore, a fusiÃ ³ de ilium, isquio and pubis [1]. The level of impact will be considerably different to a woman of 1.56 m than in large men with a burgÃ ³ lifestyle [7] .. exam [Edit | Edit source] To examine the type of fracture, a radiograph or CT scan should be taken³ [1]. The radiografÃa provides a clear view of all the essential fundamental points of reference of the acetÃ bulo. In a CT scan you can see the complete 3D reconstruction ³ the acetulum, which facilitates the visualization ³ the fracture, the degree of the fracture and the associated fractures [6]. "GestiÃÃÃ© n mÃ© [edit³ | Edit source] Depending on the degree of instability of the hip and personal factors (associated fractures, age, general medical

condition), an operation ³ be the solution ³ many of these fractures. Patient factors include the degree of underlying osteoporosis, comorbid conditions, pre-existing degenerative joint disease (DJD), the level of premeditated activity ³ and the ³ mental function of reference [5]. When the head of the fÃ© mur is in the endorotaci³ n: the back of the the T-shaped fracture is interrupted depending on the degree of endorotation ³. The iliopectineal line is not interrupted, but the ilioischial line can be [7] [7] The strength and â â the position ³ the fÃ© head at the moment of impact is one of the factors in determining ³ a specific type of fracture. The following guidelines are used: [7] When the head of the fÃ© mur is in exorotization ³: the anterior part of the acetÃ bulo is interrupted. The back wall in this fracture is mixed. When this is present, the acetulum can no longer carry the weight of the upper body. 5) Ã¢ back 'insulated' wall: one of the most common acetÃolus fractures with a preponderance of 27%. When the fÃ© mur head is in the adducciÃ ³ n: the transverse or T-shaped fracture occurs, because the superolateral area is affected. This type of fracture is rare in elderly patients, but lately the number is increasing. (3) T-shaped: similar to transverse fractures, the difference is that the T shape also extends below the shutter ring. Orif can be the solution ³ the fracture if the femoral head still has the weight bearing and when patient factors are not immediate cause of any complications ³. Early mobilization ³ necessary because prolonged recurrence can be life-threatening [5]. Conservative treatment includes pain control, functional physical therapy and radiological follow-up [5]. Physical therapy includes gait training, stabilization exercises, and ³ training ³ mobility. This means that the iliopectinal and ilioischial lines of the pelvis are suspended. The back column; which extends from the ramus isquiopubic to the ilica, including the largest and smallest iconic notch, most of the quadrilateral plaque and the ischial tuberosity. It is a sign representing the displacement of the fracture involving the cystic buttress. The acetulum is formed by an anterior and posterior column of the bone. Osteoporosis of the bone that the bone is vulnerable and may cause a fracture of the acetÃ bulo of a simple low cavity [3]. Then we have the previous column; comprising the upper superior ramus , the entire pelvic brim, the anterior wall of the os coxae and the iliac wing. Patients who underwent an operation have to start with passive ROM exercises followed by active non weight bearing such as a series of flexion/extension . Also the damage to the articular surface must be suspected[6].Â ÂÂ Â Diagnostic Procedures[edit | edit source] There are various numbers of fracture patterns in the acetabulum. Partial weight-bearing with stepwise progression usually starts 6 weeks postoperatively and full weight bearing is eventually allowed at 10 weeks[11][7].Â ÂÂ Â References[edit | edit source] ¢ÂÂÂ 1.0 1.1 1.2 1.3 JACOBSON J., ¢ÂÂÂClassification of Common Acetabular Fractures:Radiographic and CT Appearances¢ÂÂÂ, internet, 2005fckLR(www.ajronline.org/content/187/4/915.full.pdf) ¢ÂÂÂ GOOD DW., ¢ÂÂÂAcetabular fractures following rugby tackles: a case series¢ÂÂÂ, internet, 2011fckLR(¢ÂÂÂ NOVICK N., ¢ÂÂÂPelvic fractures/fractures of the acetabulum¢ÂÂÂ, internet,2006fckLR(¢ÂÂÂ 4.0 4.1 CORNELL CN., ¢ÂÂÂManagement of Acetabular Fractures in the Elderly Patient¢ÂÂÂ, internet, 2005fckLR(¢ÂÂÂ 5.0 5.1 5.2 5.3 PAGENKOPF E., ¢ÂÂÂAcetabular Fractures in the Elderly: Treatment Recommendations¢ÂÂÂ, internet, 2006fckLR(¢ÂÂÂ 6.0 6.1 THACKER M.M., ¢ÂÂÂAcetabulum Fractures Treatment & Management¢ÂÂÂ, internet, 2009fckLR(¢ÂÂÂ 7.0 7.1 7.2 7.3 7.4 7.5 TILE M., Fractures of the pelvis and acetabulum, 3e druk, Lippincott Wiliams & Wilkins, 2011 ¢ÂÂÂ 8.0 8.1 LIU X., ¢ÂÂÂApplication of a shape-memory alloy internal fixator for treatment of acetabular fractures with a follow-up of two to nine years in China¢ÂÂÂ, internet, 2010 Ã ¢ Stilger G. Â † Characteristic of this fracture is the sign of spol. In general, the total hip replacement will provide the best functional result in elderly patients with severe fracture of acetabulum and osteoporosis [4]., Fabric management [edit] | Edit source] In general, this non-surgical treatment is recommended for patients without displacement or with minimal displacement such as the lower low column or low transverse fractures, so that the upper part of the acetabulum must be intact [10]. A acetabular fracture is caused mainly by a traumatic accident, such as a motor vehicle or a bad fallen, and often affects the most young population. If the displacement of the fragment is greater than 3 mm, the operation is mainly, suggested [7]. These fractures often require an internal fixation of open reduction (Orif) to restore the congruence and stabilization of the joints. The five most common fractures, representing 90% of all, are [1]: 1) column 'Both': It is a fracture involving the anterior and posterior column and extends through the shutter ring. 4) Ã, 'Transversal' with later wall: This is a transverse fracture only that there is also a conminuation of the rear wall. V., Traumatic acetabular fracture in an intercollegiated footballer: A Case Report, Journal of Athletic Training, 2000 Ã ¢ â † Â 'Cocu G., Ã ¢ â € Total hip arthroplasty for the treatment of acute acetabular fracture in Elderly patientsâ € ™ ™, Internet, 2007FCKLR (Ã ¢ † "DECE Treatment of acute acetabular fracture in advanced patients [edit] | Source Edit] Acetabulum fractures are less frequent and occur with an incidence of approximately three per 100,000 inhabitants [2]. For the classification of these the Județ³Letournel classification is the most accepted system. 2) Cross-sectional: This fracture involves both the anterior and posterior columns. For him on They use screws and plates to fix the bone to avoid further displacement [8] [9] with elderly patients, the orific may not always be the best option due to possible osteoporosis. What differentiates it from the fracture of the column is that the fracture does not involve the extension to the iliac wing. to the.

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