

What Not to Do: Common Pitfalls Associated With FOP Care^{1,2}

Full abbreviations, accreditation, and disclosure information available at
[PeerView.com/NYY40](https://www.peerview.com/NYY40)

IM immunizations

- 25% of those who had received an IM injection reported an immediate flare-up at the injection site, 84% of whom developed HO

Arterial punctures

Biopsies

Dental procedures^a

Open reduction or internal fixation of fractures

Other surgeries

- Orthopedic surgeries to remove HO or to correct deformities in the extremities or trunk have been reported, but most of them led to HO and worsening of motion/deformity
- There is a 100% risk of recurrence of HO after jaw surgery, which should be highly discouraged

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Anesthetic procedures^a

Physical therapy involving passive range of motion or muscle overuse

Chemotherapy agents and radiation therapy

- No evidence to support efficacy; use is contraindicated in FOP

Bone marrow transplantation

- Ineffective and contraindicated in FOP

Miscellaneous agents

- No current role for chronic use of anti-angiogenic agents, calcium binders, colchicine, fluoroquinolone antibiotics, propranolol, mineralization inhibitors, PPAR-gamma antagonists, or TNF- α inhibitors



Click or scan for more information on
dental or anesthetic procedures



^a If dental procedures or anesthesia are required, consult with a dentist or anesthesiologist with FOP expertise.
1. Pignolo RJ et al. *J Bone Miner Res*. 2016;31:650-656. 2. Kaplan FS et al. *Proc Intl Clin Council FOP*. 2022;2:1-127.