ILIOPSOAS RELEASE PROTOCOL

The following protocol should be used as a guideline for rehabilitation progression, but may need to be altered pending the nature and extent of the surgical procedure, healing restraints or patient tolerance.

- Patient will be released from the hospital the same day as surgery.
- Surgical dressing should be removed 2 days post op in physical therapy.
- Patient will be weight bearing as tolerated, using crutches to promote normal gait pattern. May need crutches for 2-4 weeks. Crutches may be discontinued if gait is approaching a normal pattern.
- Begin outpatient physical therapy 2-3 days post op.
- Always use pharmacologic prophylaxis to combat heterotopic ossification (unless contraindicated). You must initiate and maintain this immediately post-op.
- There needs to be a gentle emphasis on passive extension exercises.
- Aggressive hip flexion strengthening needs to be delayed for 6 weeks.
- Functional progression of activities may proceed according to patient’s tolerance to the exercises and general activity.
- Resumption of full activities is anticipated after 3 months (variable as determined by hip symptoms)
PHASE 1: INITIAL PHASE

Week 1
- Seated knee extensions
- Seated weight shifts - sitting, supported, anterior/posterior, lateral
- Log rolling
- Pelvic tilt
- Trunk rotation
- Double leg bridges
- Prone on elbows
- Prone knee flexion

Week 2
Continue with previous exercises, but may add:
- Abduction isometrics
- Mini squats
- Calf raises
- Superman
- Theraband resistance (start very low resistance) – abduction, adduction, extension

Week 3
Continue with previous exercises, but may add:
- Progress to single leg bridges
- Clamshells
- Leg raises – abduction, extension
- Leg press with 90 degrees hip flexion
- Dead bug

Patient may progress to phase 2 when they have achieved the following: minimal pain with phase 1 exercises, minimal range of motion limitations, normalized gait without crutches
PHASE 2: INTERMEDIATE PHASE

Weeks 4-5
Continue with previous or modified versions of previous exercises, but may add:
- Crunches
- BOSU squats
- Standing theraband resistance/pulley – abduction, adduction, flexion, extension

Week 6
Continue with previous or modified versions of previous exercises, but may add:
- Physioball exercises: hip lift, knees bent hip lift, curls, balance, superman
- Single leg balance
- Knee extensions
- Hamstring curls

Patient may progress to phase 3 when they have achieved the following: minimal pain with phase 2 exercises and single leg stance with level pelvis.

PHASE 3: ADVANCED EXERCISES

Weeks 7-8
Continue with previous or modified versions of previous exercises, but may add:
- Single leg mini squat
- Step ups
- Theraband walking patterns (approx. 25 yds): forward, sidestepping, carioca, monster steps, backward, ½ circles forward and backward. Start with band at knee height and progress to ankle height.
- Cardiovascular fitness
- Elliptical

Patient may progress to phase 4 when they have achieved the following: single leg mini squat with level pelvis, cardiovascular fitness equal to pre-injury level, demonstration of initial agility drills with proper body mechanics.
PHASE 4: SPORTS SPECIFIC TRAINING REHAB CLINIC BASED PROGRESSION

Weeks 9-11
Continue with previous or modified versions of previous exercises, but may add:
- Single leg pick ups
- Step drills, quick feet step ups, forward, lateral, carioca
- Plyometrics, double leg and single leg jumps
- Theraband walking patterns 1 rep of 6 exercises at 50 yds.
- Pool running or treadmill jogging

Week 12+
Continue with previous or modified versions of previous exercises, but may add:
- Running progression
- Sport specific drills
- Traditional weight training

Criteria for full return to sport:
- Full range of motion
- Hip strength equal to uninvolved side; single leg pick-up with level pelvis
- Ability to perform sport-specific drills at full speed without pain
- Completion of functional sports test