Christopher J. McMellen, MD
Orthopedic Sports Medicine

ILIOPSOAS LENGTHENING
POST OPERATIVE PROTOCOL

	Time Frame (Weeks)	Guidelines	Goals
PHASE I	0 to 2	**WEIGHT BEARING:** 50% PWB x 2 weeks **BRACE:** Hip brace set 30-75 of hip flexion x6 weeks **ROM:** • No ER or Extension x6 weeks • No SLR x 6 weeks **EXERCISE PROGRESSION** • Lie on stomach 2 or more hours a day • Stationary bike with no resistance immediately as tolerated • Glute, quadriceps, hamstring isometrics (2x/day): Immediately as tolerated (may initiate BFR as available) • Hip PROM (2x/day) flexion, abduction, IR supine at 90° and prone at 0° • Hip circumduction • Initiate basic core: pelvic tilting, TVA/breathing re-education • Quadriceps Stretching in prone • SAQ/LAQ as sitting tolerance improves **MANUAL INTERVENTION** • Scar mobilization • STM to quad, ITB, hip flexors, glutes, hip adductors/ abductors/rotators • Continue work on ROM as outlined above **POOL PROGRAM:** • May begin deep water pool walking (chest deep) at 1 week if incisions well covered with tegaderm	• Reduce inflammation • Decrease pain **PHASE II PROGRESSION CRITERIA:** • Mobility within limitations • Early restoration of neuromuscular control
PHASE II	2 to 6	**EXERCISE PROGRESSION** • Prone Assisted Hip Extension (PAHE) will pillows under hips • Bridging double leg • Quadruped hip extension series within ROM precautions • Tall kneeling glute thruster progressions • Standing hip abduction • Heel raises • Stationary biking—may add light resistance **MANUAL INTERVENTION** • Scar mobilization • STM to quad, ITB, hip flexors, glutes, hip adductors/ abductors/rotators • Continue work on ROM (flexion, abduction, IR) • LE stretching program (avoiding hip flexor, ITB and Piriform-is)	• Progress of crutches • Normal gait • Normal single limb stance • Improve LE muscle activation, strength and endurance **PHASE III PROGRESSION CRITERIA** • Flexion and IR ROM within normal limits • Normal Gait • No Trendelenberg with Single Leg Stance/descending stairs • Normal bilateral squat

	Time Frame (Weeks)	Guidelines	Goals
PHASE III	6 to 12	**EXERCISE PROGRESSION:** • Sub-max, pain-free hip flexion isometric – avoid hip flexor tendonitis (samurai with ball) • Progress CKC exercises as tolerated, focusing on core and hip stability and maintaining good hip/knee/ankle alignment • SL bridge progressions • Proximal > distal band progressions of standing hip abduction • Hip hike on step • Clamshell progressions • Single leg balance progressions • Step up progressions • SL squat progressions • Hamstring curl: machine or ball • Side plank and front plank progressions • Short level hip flexion strengthening (hook lying marching, standing marching, step up, knee planks) and progress to long lever as tolerated • Stretching: quads, piriformis as tolerated, hamstring, gentle hip flexor stretching **CV EXERCISE:** • May begin elliptical and stair climber at 12 weeks • May begin return to run program if phase 4 criteria are met **MANUAL INTERVENTION** • Continue soft tissue mobilization as needed particularly glutes, adductors, hip flexors, abductors • Gentle joint mobilizations as needed for patients lacking ER or FABER ROM • May begin trigger point dry needling for glutes, quads, adductors NO HIP FLEXOR TDN until Week 8. • Assess FMA and begin to address movement dysfunctions	**PHASE IV PROGRESSION CRITERIA** • Hip abduction and extension strength 5/5 • Single Leg Squat symmetrical with uninvolved side • Full Pain-free ROM
PHASE IV	12+	**EXERCISE PROGRESSION** • Maintain muscle activation series, trunk, hip and lower extremity strength and flexibility pro-gram • Introduce and progress plyometric program • Begin ladder drills and multidirectional movement • Begin Interval running program if desired **MANUAL THERAPY** • Continue soft tissue mobilization as needed particularly glutes, adductors, hip flexors, abduc-tors • Gentle joint mobilizations as needed for patients lacking end range FABER ROM • Trigger point dry needling for glutes, TFL, quads, adductors, iliopsoas, iliacus may continue to benefit patients with tightness or mild ROM restrictions	• Return to full activity