

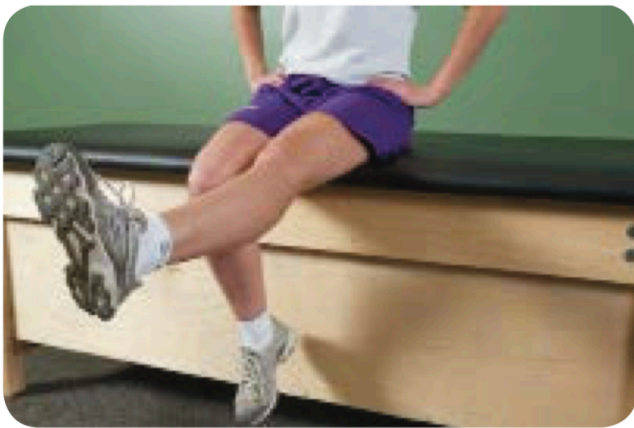
Nashville Hip and Pelvis Open Abductor Repairs: Grade IV and Recurrent Tears (Revision Repairs)

Phase I (0-8 weeks)

This protocol is directed towards protection of the repair while allowing progressive functional motion. Strength training of the repaired muscles must be postponed until healing is sufficient (12 weeks)

- Strict protective weightbearing for 10 weeks – 30lb crutches or walker
- Brace utilization at all times out of bed for 8 weeks
- Abductor pillow while in bed for 8 weeks.

The following 10 exercises should be done 2 x a day, 10 reps each as tolerated for the first 8 weeks after surgery.



Seated knee extensions



Ankle pumps



Quad sets



Heel slides, active-assisted range of motion

Phase I (0-8 weeks)



Hamstring sets



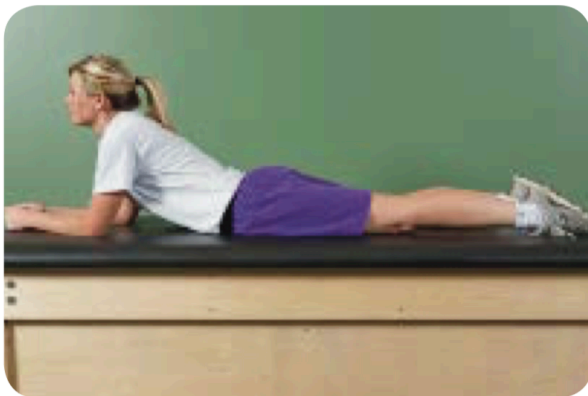
Pelvic tilt



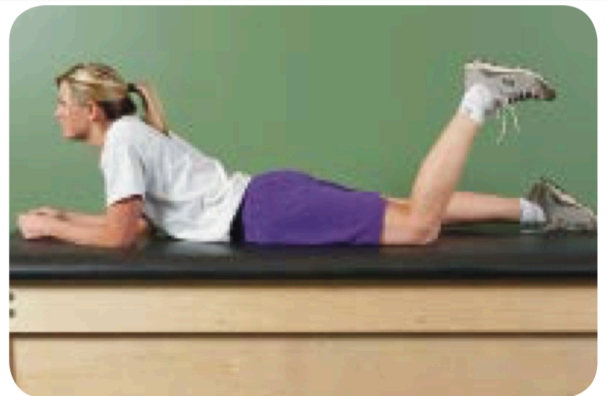
Glut sets



Pain dominant hip mobilization – grades I, II
(used only when hip joint has been affected)



Prone on elbows



Prone knee flexion

Your first post surgery PT appointment will be at 8 weeks post-surgery. The therapists will evaluate your motion and prepare you to transition to phase 2.

Phase 2 (8-12 weeks)

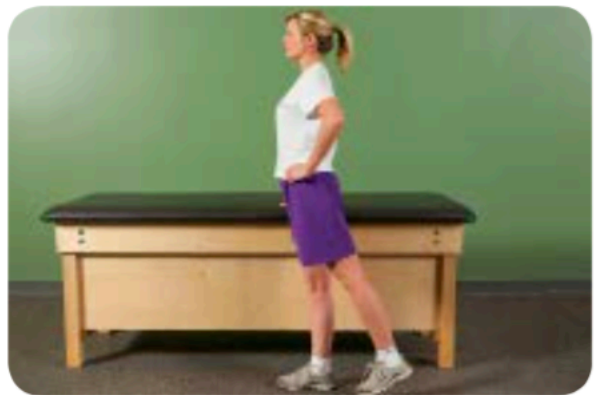
Patients start active outpatient physical therapy at 8 weeks post-operatively. Phase 2 has three distinct goals:

1. Enhancing your motion while continuing to protect the repair
 - No active abduction, No passive Adduction, gentle introduction of extension and external rotation
 - Soft tissue mobilization, scar management, deep tissue work
2. Transition from brace while OOB (brace discontinued at 8 weeks and then used only for comfort)
3. Progression of weightbearing, starting at week 10. This generally takes 4-6 weeks before you can safely advance your gait without needing any assistance
 - Week 10: weight bearing as tolerated with 2 crutches
 - Week 12: weight bearing as tolerated with 1 crutches (see phase 3)

You will continue to perform phase I exercises with some additions.



Standing flexion without resistance



Standing extension without resistance



Log rolling



Superman

Phase 2 (8-12 weeks)

Additional exercises starting at the 8th week

1. Stationary recumbent bicycle, no resistance starting week 8.
 - Starting with 10 minutes a day week 8, increasing to 30 minutes by week 12.
2. Pool therapy:
 - Water walking, range of motion (no active abduction or adduction), march steps, backward walking, mini-squats, heel raises, hamstring stretches.
 - May start flutter kicking Week 10 (no breast stroke until week 12)
3. Deep tissue mobilization/ dry needling/ scar management therapy. This will require regular appointments with outpatient physical therapy

Phase 2 Additional Milestones:

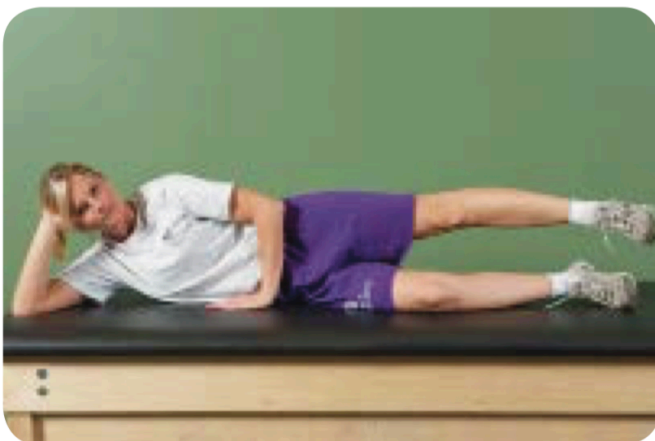
- Discontinuation of the brace as tolerated: Week 8
- Advance weightbearing starting Week 10
 - Requires outpatient PT appointment for guided introduction to walking without assistive devices.
 - Start weightbearing with both crutches week 10-12.
 - Transition off crutches (one crutch to cane) when therapist identifies sufficient abductor function to allow limp-free gait. This generally starts at week 12.
- Add core strengthening program

Phase 3 (12-16+ weeks)

Phase 3 is the time to start strengthening the abductor muscles, while continuing to increase motion in the hip.

- You are allowed to be full weight bearing without assistive devices as directed by your therapist. You will need to keep using at least 1 crutch until your abductors/muscles can support your weight without a limp.
- Progressive increased resistance on the stationary bicycle
- Addition of the elliptical machine as tolerated, start treadmill walking when ok'd by PT
- Consider NMES and Dry Needling, and Laser treatments to augment abductor strengthening if ongoing weakness
- Can increase pool therapy without further restrictions
- Full core and upper body activities encouraged

Additional Phase 3 exercises with progressive resistance to strengthen the abductors and gluteus maximus, stretch the hip flexors and continue to breakup post-surgical scar tissue. Resistance added by PT according to tolerance.



Leg raise – Abduction



Theraband resistance on affected side – Abduction
(start very low resistance)

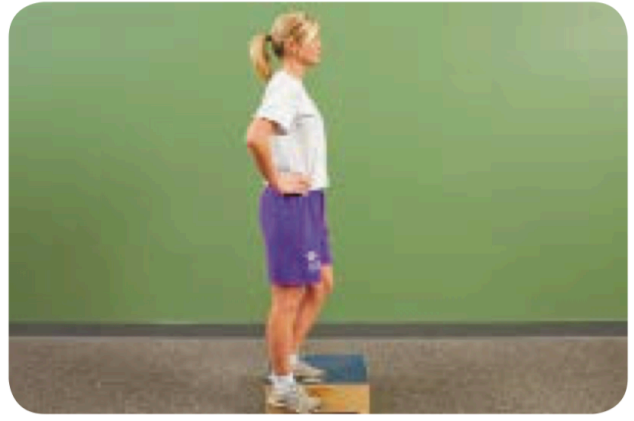
Phase 3 (12-16+ weeks)



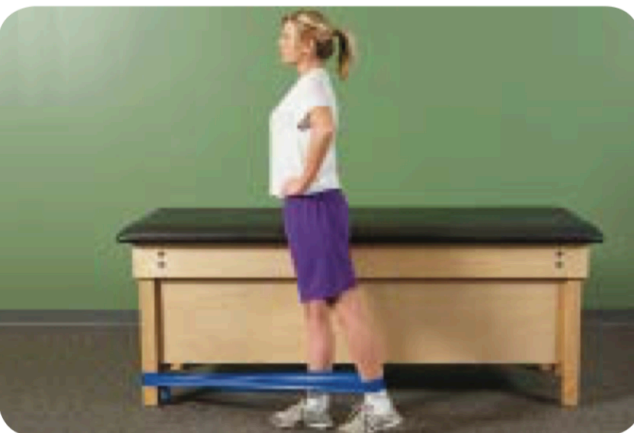
Superman (quadruped position)



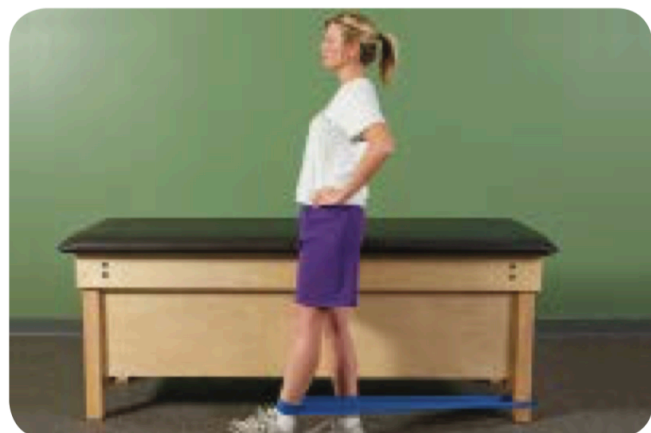
Single leg bridges/stabilization/alternate kickouts



Step-ups with eccentric lowering



Theraband resistance on affected side –
Extension (start very low resistance)



Theraband resistance on affected side –
Flexion (start very low resistance)

Phase 3 (12-16+ weeks)

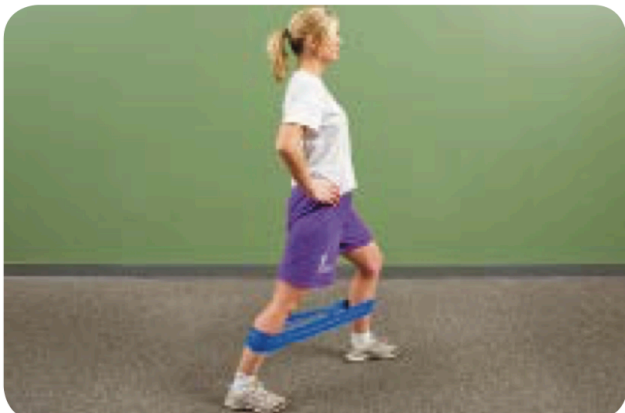
Phase 3 often extends beyond 16 weeks depending on difficulty of the repair and the quality of the muscles encountered at surgery.

Phase 3 goals:

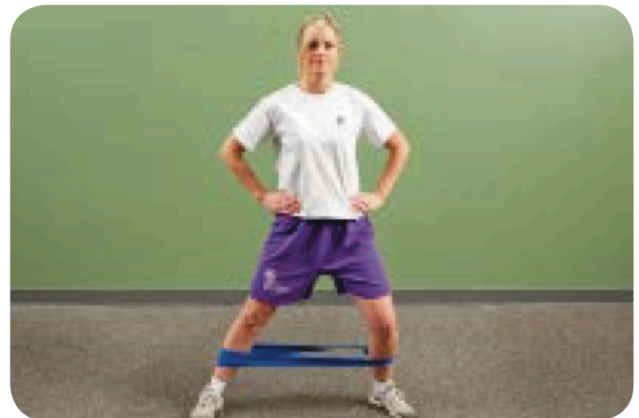
- Normal gait without assistive devices
- Pain free hip motion
- Addition of resistance to exercises under PT direction

Phase 4 (16+ weeks)

Phase 4 is directed towards 100% return to activity level. Usually this requires additional gluteal strengthening and functional motion goals. Exercises including lunges, theraband walking, leg presses and weighted activities are added.



Theraband walking patterns – forward, sidestepping, carioca, monster steps, backward, ½ circles forward/backward – 25 yds. Start band at knee height and progress to ankle height



Sidestepping with resistance (pause on affected limb), sports cord walking forward and backward (pause on affected limb)