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HIP ABDUCTOR REPAIR PROTOCOL

Patient_____
DOS_____

ACUTE CARE STAY

Week 0-starts POD 1

Ankle pumps

Pre-fit Hip Spica brace open to 90° hip flexion and 20° hip abduction. Brace is to be on at all times. The brace may come off to shower and for use of the CPM. CPM is used 4 hours per day on a flat surface with patient in supine, settings 15° extension and 60° flexion. Do not advance this setting.

Instruct in bed mobility, donning/doffing brace, and sponge bathing. Clothing goes over brace; a t-shirt may be helpful under the brace to avoid skin breakdown.

ADL's: Use devices such as a toilet seat riser, reacher, sock aid, and long shoe horn, as needed for soft tissue discomfort

Any Questions? Please contact:

Northwoods Therapy Associates
Altoona, WI Chippewa Falls, WI
(715) 839-9266 (715) 723-5060

SEPTEMBER 2015

OUT-PATIENT THERAPY

NWB phase

Usually 6-12 weeks, determined at time of surgery. Hip Spica brace worn at all times during this phase; except if the physical therapist determines that the patient is capable of not using hip abductors during sleep, then the spica can be removed.

Patient to be seen 1x per week in formal physical therapy to assure proper progress of pain and swelling control and compliance.

Ankle pumps continue, but no exercise.

Watch for any skin breakdown. T-shirt okay under brace.

**Abductor tears can vary greatly in size. This protocol can be used as a continuum after WB is allowed. **

Initial WB phase

Weight bearing is allowed when Dr. Carlson orders. Progress to WBAT over 4 weeks time. Wean from the brace when WB is allowed. (Patients may have flexion contracture and instability in the hip; depending on the season may feel the need for the brace at times.)

Week 1: 25% WB
Soft tissue mobilization as needed. Gentle Scar mobilization, but no cross friction massage over hip abductor repair and muscles. Gentle isometrics for quad, glut, transverse abdominus, adductors and absolute pain free abduction.
Heel slides

Week 2: 50% WB
Start gentle AROM for hip flexion, extension, adduction-standing.

Week 3: 50-100% WB
AROM for hip internal and external rotation and abduction.
Bike
Hamstring initiation

Week 4: 100%
Isometrics for hip internal and external rotation in sitting.
Calf, hamstring, hip flexor stretching.
Gait activation exercises.

Full Weight Bearing

Progress ROM to WNL or equal to opposite extremity.

Progress strengthening to hip groups as tolerated-isometrics, isotonics

Total gym or light leg press

Double leg balance and proprioception

Ambulation: If walking without a limp ok to D/C assistive device.

As able and as the person needs for functional improvement and long term goals:
Mini-squats
Step-ups forward and lateral
Wall sits
Functional gait activities
Double and single leg balance

Address work, sport and recreational functional activity demands

NOTES:

Please call with any questions. Each patient's repair is very unique. There may be an additional diagnosis with the abductor repair that may need attention as well such as PFO, labral procedures, joint replacement etc. Please reference those protocols as well for advancement of hip after WB is allowed.

Return to functional tasks will be quite variable.

A general rule to follow: Double the time a patient spends NWB for a general estimate of return to higher level activities.