

Dr. Nathan Harris

### HIP ABDUCTOR REPAIR PROTOCOL

Patient \_\_\_\_\_

Chippewa Valley Orthopedics & Sports Medicine

DOS \_\_\_\_\_

1200 OakLeaf Way, Suite A 757 Lakeland Drive, Suite B  
Altoona, WI 54720 Chippewa Falls, WI 54729

PHASE 1	PHASE 2	PHASE 3	NOTES:
<p align="center"><b>Surgery to 3 weeks</b></p> <p>Pt to have 1 PT visit 2-5 days after surgery then follow up 2-3 weeks after surgery/follow up with MD</p> <p>1<sup>st</sup> visit: Ambulation within restrictions, education on avoiding pain, precautions</p> <p><b>Precautions:</b>            No active abduction or IR            No passive adduction            Normalize gait with brace/crutches/walker            WB: TTWB x 6 weeks            No passive ER (4 weeks) or adduction (6 weeks)</p> <p><b>ROM exercises:</b>            Ankle pumps            PROM hip – flexion and abduction as tolerated in therapy sessions only (no flexion &gt;90 deg)            Hip isometric extension and adduction            Pelvic tilts            UBE</p> <p><b>Pre-fit Hip Spica brace – 0- 6 weeks</b>            Locked at 30° hip flexion and 20° hip abduction. Brace is to be on at all times.</p> <p>Instruct in bed mobility, don/doff brace, sponge bathing. Clothing goes over brace. T-shirt may be helpful under the brace to avoid skin breakdown.</p> <p><b>ADL’s:</b> Toilet seat riser, reacher, sock aid, long shoe horn. Use devices as needed for soft tissue discomfort.</p>	<p align="center"><b>POW 4-10</b></p> <p>Rehab frequency – 1-2 visits every week</p> <p><b>Precautions:</b>            Week 4-6: Continue TTWB with walker or crutches            Week 7-8: Increase WB to 100% with walker or crutches            Weeks 9-10: Wean off crutches while normalizing gait (wean 2 → 1 → 0 crutches)</p> <p><b>Exercises:</b>            Gentle Isometrics quad, glute, TA, adduction            Isotonic adduction            Core strengthening            Scar massage            Standing hip extension, flexion and abduction – pain free            UBE            Bike after 6 weeks  <u>8+ weeks:</u>            Progress ROM            Spine bridges            Progress core strength            Double leg balance</p> <p><b>Progression Criteria:</b>            Normal gait on all surfaces            Functional movements with unloading/compensation patterns</p>	<p align="center"><b>POW 11+</b></p> <p align="center">(Must meet progression criteria)</p> <p>Rehab frequency – 1-2 visits every week – based on pt progress</p> <p><b>Precautions:</b>            Post activity soreness resolves within 24 hours            No ballistic or forced stretching            Avoid post activity swelling or muscle weakness            Be cautious with repetitive hip flexion activities (ex: stair master and treadmill)</p> <p><b>Exercises:</b>            Stationary bike, Nordic track, swimming, deep water run or cross trainer for cardiovascular            Bridging – progress double leg to single leg            Side lying hip abduction            Progress hip strengthening in all planes            Closed chain hip abduction strength – lateral step with band progression, standing hip hikes, step backs            Leg press – DL and SL            PNF active patterns            Stretching as needed based on patient            Sit to stands → squats            Balance – double → single leg            Step ups</p> <p>Slowly address work, sport and recreational functional activity demands</p>	<p>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.</p> <p>Any Questions?            Please contact:  <b>Northwoods            Therapy Associates</b>            Altoona, WI            Chippewa Falls, WI            (715) 839-9266            (715) 723-5060</p> <p>Nov 2024</p>

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