

Dr. Brent Carlson

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

PRE-OP EDUCATION AND ACUTE CARE	OUT-PATIENT THERAPY			NOTES:
POD 1 Ankle pumps Quad sets SAQ LAQ TTWB in brace Pre-fit Hip Spica brace set at 90° hip flexion and 20° hip abduction. Brace is to be on at all times. The brace may come off to shower. Instruct in bed mobility, donning/doffing brace. Clothing goes over brace; a t-shirt may be helpful under the brace to avoid skin breakdown. ADL's: Use devices such as toilet seat riser, reacher, sock aid, and long shoe horn, as needed for soft tissue discomfort	TTWB phase 0-4 weeks Patient to be seen 1x per week in formal physical therapy to ensure proper progression to increased WB. Continue with previous exercises Transverse Abdominus isometrics Adductor isometric Strap assisted calf stretch Upper body exercises to avoid deconditioning, chair press, bands, lighter weights Mobility training to assist in recovery and safety. No isolated ABD isometrics until week 7.	Initial WB phase Progress to WBAT over 4 weeks Brace to stay on until 100% WB and demonstrates minimal compensation. Continue with upper body and mobility needs. Week 5: 25% WB Advance WB with gait training Heel slides with strap Hamstring isometrics Advance core strengthening Progress SAQ and LAQ with resistance Gentle soft tissue mobilization as needed Week 6: 50% WB Start gentle AROM for hip flexion to 60-80°, extension and adduction to neutral in supine with brace off. Modified sit to stands No isolated ABD isometrics until week 7.	Advanced WB phase Week 7: 50-75% WB Start ABD and glute isometrics AROM for hip internal and external rotation Bike Soft tissue and scar mobilization as indicated. Cross friction allowed as indicated. Week 8: 100% Isometrics for hip internal and external rotation in sitting. Calf, hamstring, hip flexor stretching.	Full Weight Bearing Progress ROM to WNL or equal to opposite extremity. Progress strengthening to hip groups with isotonic and advance as tolerated. Total gym or light leg press Double leg balance and proprioception Functional movement activities Mini-squats Step-ups forward and lateral Wall sits Functional gait activities Single leg balance Address work, sport and recreational functional activity demands Please call with any questions. Each patient's repair is unique and return to functional tasks will be variable.
Any Questions? Please contact: Northwoods Therapy Associates Altoona, WI Chippewa Falls, WI (715) 839-9266 (715) 723-5060				
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