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Physical Therapy Protocol: Iliopsoas Release

Philosophy:

Iliopsoas tendinitis can be addressed arthroscopically or open via debridement/release, in an attempt to restore hip motion and function. The failure to address iliopsoas imbalance and pain can lead to stiffness and subsequent loss of hip strength. A strong, pain-free hip with functional range-of-motion only comes about through combined surgery and physical therapy performed with the therapist and at home.

Phase I, surgery to 4 weeks

OSMS appointments:

Medical appointments at 2 weeks, with films

Physical therapy will begin as directed by your physician and as indicated on your physical therapy order

Rehabilitation Goals:

Protect the integrity of the remaining hip tissue

Restore ROM within restrictions

Reduce pain & inflammation

Prevent muscular inhibition

Precautions:

Do not push through hip flexor pain

Avoid active SLR and sit-ups for first 4 weeks

No ballistic or forced stretching

Weight-bearing restrictions as below

Range-of-Motion Exercises:

Specific to surgery

Gentle PROM in all planes within pain limits (In first 2 weeks, limit flexion to 90, ER/IR to 0)

Emphasize IR and prone lying

Suggested Therapeutic Exercises:

CPM use for 8 weeks 0-45 and progress as tol

(0-2 weeks: 4h/day, 3rd week:3h/day, 4th week: 2h/day)

DonJoy Brace locked to 90 hip flexion when upright for first 4 weeks

DonJoy Brace to be worn until full weight-bearing

Gait training w/ bilateral axillary crutches (foot flat, 50% weight restriction for 2 weeks, then WBAT)

Grade 1-2 hip mobilizations



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Long axis distraction

After complete healing of incisions, pool therapy/water walking

Ankle pumps

Quad/Glute/Hamstring isometrics

Initiate leg raises in abduction, adduction and extension, DL bridging

Initiate SLR, light leg press, SL clamshells, light hamstring curls

Cardiovascular Exercises:

Stationary bike, low resistance

Progression Criteria:

Patient may progress to phase II if minimal pain with all phase I exercises, full PROM in all planes, proper muscle firing patterns for initial exercise, and full-weight bearing is allowed

Phase II, (after Phase I criteria met, usually at 4-9 weeks)

OSMS appointments:

Medical appointments at 6 weeks

Physical therapy appointments continue at once or twice weekly

Rehabilitation Goals:

Protect the integrity of the hip

Restore full ROM

Restore normal gait pattern without assistive device

SL stance >15 sec

Perform functional movements without pain

Precautions:

No ballistic or forced stretching

No treadmill use

Avoid hip flexor, adductor or piriformis inflammation

Range-of-Motion Exercises:

Progress PROM to full

Suggested Therapeutic Exercises:

Initiate supine SLR, gradually add resistance

Grade 3-4 hip mobilizations

Manual A/P mobs

Gait training (control hip IR/valgus with weight-bearing progression)

Progress strength + endurance (weight shifts, seated resisted IR/ER, weighted SLRs)

Core progression

Mini-squats, wall sits with abductor bands, light hamstring curls

Advanced bridging, clamshell



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Single leg bridging
4-way hip machine
Single leg & double leg balance, progress static to dynamic
Step progression
Hip stretch progression (kneeling hip flexor stretch, hip adductors)

Cardiovascular Exercises:

Water walking
Stationary bike with resistance
Elliptical/Nordic Track
Stair climber as tol

Progression Criteria:

Patient may progress to phase III with FROM, pain-free gait, hip flexion strength >90% of the uninvolved side

Phase III, (after Phase II criteria met, usually 9+ weeks)

OSMS appointments:

Medical appointment at 12 weeks
Physical therapy appointments fade to every 10-14 days, progress to home program

Rehabilitation Goals:

Restoration of muscular strength & endurance
Restoration of cardiovascular endurance
Optimize neuromuscular control/balance/proprioception

Precautions:

No ballistic or forced stretching
No treadmill use
Avoid hip flexor, adductor, piriformis inflammation
No contact activities until 12+ weeks

Range-of-Motion Exercises:

Restore full AROM/PROM in all planes

Suggested Therapeutic Exercises:

Aggressive stretching and mobilizations
Progress core stability with swiss ball
Standing resisted hip ER
Lunges
Progress lunges with trunk rotation
Deeper squats
Resisted sidestepping



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Monster walking

4-way hip machine

After week 10, ok to initiate single plane agility (step drills, single leg to perfect landing, sport cord, return to running progression, cariocas, ghiardellis, z-cuts and w-cuts)

Progression Criteria:

Hip flexion strength >85% of the uninvolved side

Demonstrate initial agility drills with proper body mechanics

Sport specific exercises at full speed

Return to sport is MD directed, generally 12-16 weeks