



Green Bay • Fox Valley • Marinette • Oshkosh
Phone: 920-430-8113 • Fax: 920-593-2986
osmsgb.com

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



Green Bay • Fox Valley • Marinette • Oshkosh

Phone: 920-430-8113 • Fax: 920-593-2986

osmsgb.com

- Gait training w/ bilateral axillary crutches (foot flat, 50% weight restriction for 2 weeks, then WBAT)
- Grade 1-2 hip mobilizations
- 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



Green Bay • Fox Valley • Marinette • Oshkosh

Phone: 920-430-8113 • Fax: 920-593-2986

osmsgb.com

- 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
- 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



Green Bay • Fox Valley • Marinette • Oshkosh

Phone: 920-430-8113 • Fax: 920-593-2986

osmsgb.com

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
- 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