GUIDELINES FOR Hip Abductor Open Repair- Grade IV and Revision. Dr. Tania Ferguson

PHASE I – 0-8 weeks	
Appointments	Post-op appt 4-6 weeks wound check
Precautions	30% weight bearing (foot flat/not toe touch)
	Use abduction pillow when in bed
	Use pillow between legs when sitting
	Wear abduction brace when up and about-set at 20 degrees
	abduction, no extension.
	No active ABDuction, no passive ADDuction.
PT: 2x/day 10 reps of 10 excercises	 Seated knee extensions no weight x 4 weeks
	Ankle pumps
	Quad sets supine
	Heel slides
	Hamstring set
	Pelvic tilts
	Glut set
	 Pain dominant hip mobilization/"pendulums"<u>assisted</u>
	 Prone on elbows (gentle week 1-3)
	Prone knee flexion
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PHASE 2– 8-12 weeks p	post-op
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PHASE 2 – INTERMEDIATE: 10-12 weeks post-op		
Precautions	Begin WBAT with two crutches	
ROM	 Continue recumbent bicycle-light resistance per patient tolerance Begin gentle, partial ROM hip abduction and adduction while standing 	
Strength	Continue Phase I and 2 exercise. Add core program.	
Functional	• Gait training progression for weight bearing toward 100% without assistance at week 16.	
PHASE 3 – Strengthening	: 12-16 weeks post-op	
Appointments	 3rd Post OP Appointment with MD at 12 weeks (3 months) 2nd Post-Op PT appointment-adding resistance and strength. 	
Precautions	 Continue to wean from one assistive device to 100% weight bearing No stretching into adduction/extension, OW no restrictions on motion. 	
ROM	 Continue above exercises, add Hip stretching based on clinical findings (no adduction) 	
Strength	 Continue above exercises and add the following as tolerated and under therapist direction Leg raise: hip abduction Standing hip abduction- progress to band resistance per therapist Superman quadriped position Single leg bridging Bosu ball bridging Step-ups Standing extension and flexion with resistance/bands Consider muscle stim/NMES, Laser therapy, Dry Needling if residual weakness. 	
Functional	 Increase stationary bicycle to include resistance Elliptical under therapist guidance Treadmill walking after gait normalized 	

PHASE IV –Return to Activity: 16+		
Appointments	• 4 th appt with MD at 16 weeks	
ROM	Continue above exercises , add resistance as required	
Strength	Continue above exercises and add:	
	Single leg stance activities	
	Lunges	
	 Sidestepping (level ground, progressing to step) with bands 	
	 Provide progression to increase gluteal/abduction strength as tolerated 	
	 Institute muscle stim/NMES, Laser therapy, Dry Needling if residual weakness. 	
Functional	Full weight bearing, no restrictions	

Next MD appt at 6 months post-op. Continue to work on therapy exercises at home, once released from PT, minimum 3-5 times per week for 6 months or more.