



# CRYSTAL CLINIC ORTHOPAEDIC CENTER

## ILIOPSOAS LENGTHENING AFTER TOTAL HIP ARTHROPLASTY PHYSICAL THERAPY PROTOCOL

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Hip Arthroscopy

Sports Medicine & Orthopaedic Surgery

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Please use appropriate clinical judgment during all exercise progressions. The specific exercises given in this protocol are provided for guidance, but it is important to use clinical judgment when determining appropriate progressions within the physician provided WBing and ROM restrictions. Any questions/concerns, please do not hesitate to contact Dr. Laskovski's office at 330-644-7436 or CCOC Green PT at 330-644-5461.

**WEIGHT BEARING:** The patient is WBAT for 2 weeks post-operatively, then will be cleared to wean off AD as tolerated.

### **Phase I – Immediate Rehabilitation (weeks 1-6)**

Begin therapy post-operative day #10-14

**Goals:**

- Protection of lengthened tissue
- Restore ROM within guidelines
- Prevent muscular inhibition and gait abnormalities
- Diminish pain and inflammation

**Precautions:**

**\*\*DO NOT AGGRESSIVELY PUSH THROUGH PAIN/PINCHING**

**\*\*Progress cautiously with signs of hip flexor tendonitis, trochanteric bursitis, and synovitis**

**PROM Guidelines:**

- All planes as tolerated; do not force range through pain or pinching. Initiate iliopsoas stretching (gentle and pain-free) as soon as patient can tolerate.

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#### Weeks 1-4:

- **PROM** to hip within ROM guidelines – avoid pain/pinch. Do long axis traction with circumduction (for circulating synovial fluid and, therefore, cartilage health)
- Add stationary bike without resistance at 2-3 weeks, maximizing seat height to avoid psoas irritation
- **Exercises:** hamstring stretch, single knee to chest, prone quad stretch, supine hip flexor stretch, quad sets, ankle pumps, glut sets, transverse abdominal activation, hip adduction/abduction isometrics
- **Manual Considerations:** scar massage, STM/MFR to: TFL, ITB, psoas, iliacus, hip adductors, quadratus lumborum, paraspinals
- Modalities for pain control and swelling

#### Weeks 4-6:

- Continue with previous exercises and manual
- **PROM:** Continue to restore full ROM as tolerated
- **Exercises:** sub-max, pain-free hip flexion – avoid hip flexor tendonitis; quad and hamstring isotonic exercise. Progress CKC exercises as tolerated, focusing on core and hip stability and maintaining good hip/knee/ankle alignment
- **Manual Considerations:** scar massage, STM/MFR to: TFL, ITB, psoas, iliacus, hip adductors, quadratus lumborum, paraspinals
- Modalities for pain control and swelling

## **Phase II – Intermediate Rehabilitation (weeks 6-12)**

#### Weeks 6-8

- Continue with previous exercises
- **PROM:** Continue to restore full ROM as tolerated
- **Exercises:** Progress core strengthening, CKC as tolerated, may advance walking program, stationary bike with resistance, elliptical
  - Progress hip PREs as tolerated: leg press, hamstring curls, leg extensions, squat progression
  - Hip hiking, eccentric step downs
  - Step ups: forward and side as tolerated; progress to diagonal
- **Manual Considerations:** As needed

## **Phase III – Advanced Rehabilitation**

#### Weeks 12 and beyond

- Continue with previous exercises and manual
- **PROM:** Continue to restore full ROM as tolerated
- **Exercises:** Progress all strengthening as tolerated. Use clinical judgement to determine if lunge/jump/hop/jog training appropriate for patient lifestyle and goals

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