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# ABDUCTOR REPAIR

## HIP ABDUCTOR REPAIR—PARTIAL TEAR REPAIR

This protocol provides you with general guidelines for initial stage and progression of rehabilitation according to specified time frames. Specific changes in the program will be made by the physician as appropriate for the individual patient.

****Please fax initial assessment and subsequent progress notes directly to TCO at 952-944-0460***

- Brace 3-4 weeks, Foot Flat WB 4-6 weeks, Abduction pillow at night 2 weeks

*Key is to maximize glute max and hip ER strength, pelvic floor and transverse abdominus strength. This will translate to normalized function and gait.

*Do not push too fast, or the patient will have set backs and pain. When this does happen, dial back, make sure the glute max is still activated.

0 – 4 Weeks Post-Op:

- WB restrictions as above
- **Avoid active hip abduction, passive hip adduction and extreme rotations** (both IR and ER) (to protect repair), passive flexion to about 90 degrees—see order for timeframe (size of repair)
- Do passive ROM: circumduction and flexion/abduction within restrictions
- Isometrics: TA, glutes, quads, HS, ER, can do quad and HS isotonics
- TKE for quad with respect to WB status (1-2 weeks post-op)
- Add TA with marching legs once patient has good TA activation
- Quadruped rocking—to 90 degrees of flexion (progress beyond gently at 3 weeks post-op, may be longer if more extensive repair)
- Well-biking, no resistance, start 5 min, work up to 20-30 min, 2 times/day
- Prone lying if hip flexor tightness, anterior hip pinching

4 – 6 Weeks Post-Op:

- Continue above
- Progress ROM gently
- Quadruped glute max kick back with theraband (or no band if very weak)—2 weeks before progressing from PWB to full WB with crutches
- Bridging—start 1 week before progressing from PWB to full WB with crutches
- TKE for quad progressing WB status

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4 – 6 Weeks Post-Op:

- Gentle scar mobilizations
- Hip abduction isometrics (sub-max, not into any pain)—start 1 week before progressing from PWB to full WB with crutches

6 – 8 Weeks Post-Op:

- Gait training (see WB restrictions from surgeon)—wean from crutches or assistive device at patient's tolerance to ensure normalized gait pattern. No limping.
- Double leg squat backs (glute max/hip dominant), no pain
- Add theraband around knees with bridging
- Scar mobilizations, STM through glute med/min/TFL, and any other tightness: adductors, iliopsoas, rectus femoris
- Posterior capsule hip mobilization if needed, will help activate glute max

8 – 10 Weeks Post-Op:

- Continue to progress gait (goal is normalized gait pattern at this stage)
- Continue above exercises (can DC isometrics)
- Progress double leg squat backs to single leg (toe touch as intermediate), no pain
- Initiate more SL strengthening and gluteus medius focused work (no pain)
- Begin proprioception activities
- Address any ROM restrictions, soft-tissue restrictions
- Start elliptical if strong enough and no pain

10 – 12 Weeks Post-Op:

- Progress tri-planar, CKC gluteal/LE strength, making sure patient is getting good gluteal activation (multi-planar lunging/squatting)
- Progress proprioception
- Plyometrics and agility if applicable (only if adequate gluteal ext, abd, ER strength is present)
- Return to running program if applicable (only if adequate gluteal ext, abd, ER strength is present)