TWIN CITIES ORTHOPEDICS

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ADDUCTOR LENGTHENING PROTOCOL

This protocol provides general guidelines for initial stage and progression of rehabilitation according to specified time frames, related tissue tolerance and directional preference of movement. The intent is to provide the therapist with a general framework. Twin Cities Orthopedics staff will provide contact information for further individual-specific rehabilitation progression consultation and general questions regarding specific patients. Please fax initial assessment and subsequent progress notes directly to Dr. Corey Wulf at 952-944-0460.

PHASE I: Weeks 1-4

Bike Daily

- Initial for ROM progress intensity and duration as tolerated by the patient

Range of Motion

- Avoid aggressive stretching for 3-4 weeks
- Evaluate and implement other lower extremity stretching as needed

Strengthening

- No resisted adduction until 5 weeks post op
- Straight leg raise
- Standing hip abduction
- Begin lower extremity except for adductors

If adductor lengthening is performed in conjunction with another procedure defer to that procedure's protocol

PHASE II: Weeks 5-8

Bike

- As tolerated, avoid any increase in post-operative pain

Strengthening

- Start resisted adduction as tolerated by the patient
- Start lower extremity functional strengthening

Cardiovascular

- Start jogging at week 8 if the patient is pain free, has non-antalgic gait and exhibit good lower extremity strength (core, glute, etc.…)

PHASE III: Week 8 – Return to Activity

- Continue strengthening as needed
- Continue cardiovascular activity

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PHASE III: Week 8 – Return to Activity (cont.)

Functional Activity (typically week ten or greater, the patient must have appropriate strength for the activities and exhibits good muscular control)

- Start all activities with a dynamic warm-up
- Implement a return to play program that starts with linear running and progresses to sprinting
- Progress into activities that incorporate gradual direction changes
- Progress into cutting activities
- Return to sport/activity if and when all strength and proprioceptive requirements are met for safe return to activity