



Iliopsoas Release Post-Operative Rehabilitation Protocol

0-4 Weeks:

- **Weight-Bearing Status:**
 - Partial weight-bearing (PWB) with crutches or walker for the first 2 weeks. No brace needed post-surgery.
- **Range of Motion (ROM) and Mobility:**
 - Start with passive range of motion (PROM) for the hip, progressing to active-assisted range of motion (AAROM).
 - Begin passive hip flexion with the knee bent, ensuring hip flexion does not exceed 90 degrees.
 - Do **NOT** exceed 90° of hip flexion.
 - Avoid active straight leg raises.
- **Strengthening and Exercises:**
 - Isometric hip exercises (avoid flexion).
 - Glute sets and pelvic tilts.
 - Ankle pumps for circulation.
 - Clamshells and reverse clamshells.
 - Prone lying to help reduce proximal tightness.
 - Begin stationary bike at Week 2, limiting hip flexion to no more than 80°.
 - Perform upper body circuit training.
 - Continue weight-bearing as tolerated (WBAT), and discontinue crutches when able.
 - Progress passive hip flexion beyond 90° gradually.
 - Continue hip passive ROM and increase resistance on the stationary bike as tolerated.
- **Progressive Strengthening:**
 - Begin quarter squats, progressing to full squats by Week 8.
 - Isometric quadriceps and glute sets.
 - Supine double leg bridges.
 - Start aqua gait training at Week 6, pending incision healing.
 - Begin core isometrics and leg press exercises.
 - Continue soft tissue mobilization as needed.
 - Stretch hip flexors and IT band.
 - Continue progressing hip ROM.

4-6 Weeks:

- **Weight-Bearing Status:**
 - Progress to WBAT, and discontinue crutches if tolerated.
- **Exercise Progression:**
 - Begin single-leg balance exercises.
 - Start lunge progression.
 - Continue progressing hip ROM and strengthen the lower extremity.
 - Progress hip and core strengthening.
 - Begin unilateral leg press and unilateral cable column rotations.
 - Perform step-downs and step-ups.
 - Stretch hip flexors, glutes, piriformis, and IT band (manual and self-stretching).
 - Progress balance and proprioception training.

6-8 Weeks:

- **ROM and Strengthening:**
 - Continue to progress hip ROM and stretching.
 - Focus on lower extremity and core strengthening.
 - Incorporate endurance activities for the hip.
 - Gradually advance walking, biking, and elliptical tolerance.
 - Begin dynamic balance activities.
 - Add treadmill side-stepping on level surfaces, progressing to inclines.

8-10 Weeks:

- **Exercise and Functional Training:**
 - Continue progressing hip ROM and strengthening exercises for the lower extremity and core.
 - Begin sport-specific drills and agility training.
 - Progress running at Week 16.
 - Initiate single-plane activities at Week 20, progressing to multidirectional movements.

10-12 Weeks:

- **Advanced Strengthening and Sports Preparation:**
 - Focus on endurance training and progressive core strengthening.
 - Continue step-down progression.
 - Add knee extensions and hamstring curls.
 - Begin swimming, pending incision healing.
 - Incorporate elliptical training starting at Week 8.

12+ Weeks:

- **Return to Activity:**

- Full return to sports around 6 months post-surgery.
- Focus on core strengthening, avoiding hip flexor tendonitis.
- Incorporate superman exercises on a physioball.
- Continue with sport-specific and agility drills.
- Progress to more dynamic balance activities.

Note: Progression through these phases should be based on individual recovery, with all exercises adjusted as necessary under the guidance of your surgeon and physical therapist. Regular follow-ups with the surgical team are crucial to ensure optimal recovery