



# Iliopsoas Release

## Post-Operative Rehabilitation Protocol

### 0-4 weeks

- PWB with crutches/walker x 2 weeks. No brace required following surgery.
- Begin Hip PROM and progress to AAROM
- May begin passive hip flexion with knee bent do not exceed 90 degrees
  - Do NOT exceed 90 degrees
  - No active straight leg raises
- Hip isometrics (No Flexion)
- Glute Sets
- Pelvic tilts
- Ankle Pumps
- Clams/reverse clams
- Prone lying- to minimize proximal tightness
- May begin stationary bike at week 2 (no hip flexion greater than 80°)
- May perform upper body circuit training

### 4-6 weeks

- Continue WBAT may discontinue crutches
- May slowly progress with passive hip flexion greater than 90°
- Continue other hip passive ROM
- Continue stationary bike; may add some resistance
- Begin ¼ squats and progress to full by 8 weeks.
- Isometric quad sets and glute sets
- Supine Double Leg bridges
- May begin aqua gait training at 6 weeks (pending incision healing)
- Begin Core isometrics
- Leg press

### 6-8 weeks

- Continue to advance previous exercises
- Soft tissue mobilization as needed
- Hip flexor and IT band stretching
- Progress Hip ROM
- Can begin balance and proprioceptive training

### Weight Bearing Status

PWB x 2 weeks  
then progress  
to WBAT

### ROM Restrictions

Begin PROM  
POD 1 \*No Hip  
Flexion past  
90°



- Progress core strengthening (avoid hip flexor tendonitis)
- Supermans on physioball
- Step down progression
- Knee extension, hamstring curls
- May begin swimming (pending incision healing)
- Elliptical at 8 weeks

### **8-10 weeks**

- Progressive hip ROM
- Progress strengthening LE
- Continue to progress previous exercises
- Single leg balance
- Lunge progression

### **10-12 weeks**

- Progressive hip ROM
- Progressive LE and core strengthening
- Unilateral Leg press
- Unilateral cable column rotations
- Step downs
- Step ups
- Hip flexor, glute/piriformis, and It-band Stretching—manual and self
- Progress balance and proprioception
- Treadmill side stepping from level surface holding on progress to inclines

### **>12 weeks**

- Progressive hip ROM and stretching
- Progressive LE and core strengthening
- Endurance activities around the hip
- Advance walking, biking, elliptical tolerance
- Dynamic balance activities
- Sport specific and agility drills
- Running progression at 16 weeks
- Initiate single plane activities at 20 weeks progress to multidirectional
- Return to full sports around 6 months



Exercise	Week														
	1	2	3	4	5	6	7	8	9	10	12	16	20	24	
<b>Initial Exercises:</b>															
Passive Hip flexion (performed with knee bent, do not exceed 90 degrees)	█														
Hip PROM progress to AAROM	█														
Hip isometrics (no flexion)	█														
Glute Sets	█														
Pelvic tilts	█														
Crutch weaning	PWB→WBAT	█													
Ankle pumps	█														
Clam/reverse clams	█														
Upper extremity and core strengthening				█											
Heel Raises		█													
<b>Weight-bearing Strength Exercises:</b>															
Double Leg Bridges			█												
Lunge (single plane progress to triplane)								█							
1/4 Squats (progress to full by 8 weeks)				█											
Single Leg Dead Lift								█							
Leg Press (80-0° arc)				█											
Sports Test Exercises												█			
<b>Cardiovascular Exercises:</b>															
Bike with both legs-no resistance, no hip flex >80		█													
Bike with both legs-resistance				█											
Upper body circuit training	█														
Aqua Gait training and walking						█									
Treadmill-walking 7% incline										█					
Swimming (no breast stroke)						█									
Elliptical Trainer								█							
Rowing										█					
Stair stepper								█							
<b>Agility Exercises:</b>															
Running Progression												█			
Initial-Single Plane												█			
Advance-Multi Directional												█			
Functional Sports Test												█			
<b>High Level Activities:</b>															
Golf Progression												█			



Outdoor biking, hiking, running		
Return to Full Sport at <b>6 months</b> post-op		

Adapted from post-operative protocol created by Howard Head Physical Therapy, Jill Monson, PT, OCS and Jon Schoenecker, PT, OCS, CSCS