

Name_____

Date_____

Physician_____



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Patient Flow Sheet

Psoas Release

Touch-down (20%) with foot flat weight bearing for 3-4 weeks (Dr. Folk will make decision at 1st post-op appt)

Avoid flexion >90° and ER >30° for 2 weeks

Minimize active hip flexion for 4 weeks

Phase I: Protection, Mobility, and Activation (Weeks 0-4)

Goals

1. Protect tissues
2. Decrease pain and inflammation
3. Increase ROM within restrictions per surgeon
4. Prevent muscular inhibition
5. Promote correct muscle firing patterns with emphasis on core activation

Specific Exercises

- Immediate Post-op 6 Week #4 (for POD #1 interventions see exercise sheet)
 - Upright bike (no resistance)
 - PROM
 - Log roll, circumduction, & all other planes (per restrictions)
 - Isometrics
 - TA, glut, and quad sets
 - Joint Mobility
 - Quadruped rocking & cat/camel
 - Manual Therapy
 - Soft tissue and lymphatic drainage as necessary
 - AROM
 - Rotation (supine, prone, and/or stool), adduction/abduction (supine)
 - Muscle Activation/Neuromuscular Control
 - Prone terminal knee extension, double limb bridging, rotation progression
 - Aquatic therapy (see guidelines)
- Weeks #5-6
 - Continue with bike and mobility exercises as above
 - Stability/Neuromuscular Control
 - Gluteal muscle activation (sidelying, prone)
 - Hip flexor activation (supine, sitting)
 - Perturbation/core training (supine, prone, quadruped, high kneeling, half kneeling, UE movement)
 - Balance/Proprioception
 - Weight shifting (Anterior-Posterior and Medial-Lateral)

Criteria for Progression

1. Minimal palpable swelling
2. Full weight bearing
3. Range of motion \geq 75% of uninvolved side
4. Pain <3/10 on VAS scale with ADLs and 0/10 on VAS scale with all phase I exercises
5. Muscle activation and firing patterns normal and without compensation with all phase I exercises

Phase II: Stability and Neuromuscular Control (Week 5-8)

Goals

1. Normalize gait pattern

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Therapist Name_____

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Patient Flow Sheet

2. Restore full ROM
3. Improve neuromuscular control, muscle imbalance, balance, and proprioception
4. Initiate functional exercise to improve movement patterns with emphasis on maintaining lumbopelvic and hip stability

Specific Exercises

- Upright bike (none to minimal resistance)
- PROM
 - Log roll, circumduction, & all other planes
- Joint mobility
 - SIJ, L/S, T/S mobilizations 6 grades I-V &/or hip joint mobilization 6 grades I-IV (POW #6)
- Flexibility
 - Stretching & soft tissue mobilization as necessary
- AROM
 - All planes (supine, prone, stool, and/or standing)
- Stability/Neuromuscular Control
 - Single limb dead lift (i.e. RDLs), chops/lifts (kneeling, 1/2 kneeling), bridging progression
 - Planks, quadruped UE/LE lifts
 - Shuttle exercises/leg press (limited weight)
- Balance/Proprioception
 - Double limb → Staggered stance → Single limb stance
- Aerobic Conditioning
 - Biking, swimming, elliptical

Criteria for Progression

1. Maintain all criteria from phase I
2. Pain-free and symmetrical gait pattern
3. Full ROM
4. No joint inflammation, muscle irritation, or pain
5. Normal muscle activation patterns and functional, non-painful patterns on the Selective Functional Movement Assessment (SFMA)
6. Single limb balance for 1 minute with neutral pelvic alignment and no compensatory trunk lean
7. Hip strength: hip flexion >60% of uninvolved side; remaining planes >70% of uninvolved side

Phase III: Strengthening (Week 9-16)

Goals

1. Restore muscular strength and endurance
2. Optimize neuromuscular control, balance, and proprioception
3. Restore cardiovascular endurance

Specific Exercises

- Upright bike
- PROM, joint mobility, and flexibility as necessary
- Advanced Neuromuscular Control
 - Chops/lifts (squat, split squat, single limb stances), squats, lunges
- Strengthening
 - Double knee bends with sport cord, leg press, balance squat, single leg squats (without resistance → with sport cord)
- Aerobic Conditioning
 - Biking, swimming, elliptical, running
- Sports-Specific Training
 - Initial agility drills (lateral agility, diagonal agility)

Criteria Progression

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Patient Flow Sheet

1. Maintain all criteria from phase II
2. Hip strength: hip flexion >70% of uninvolved side; remaining planes >80% of uninvolved side
3. LE Y-balance equal bilaterally
4. FMS \geq 14
5. Pass Hip Sport Cord Test (17/20)
6. Demonstration of initial agility drills with proper body mechanics specifically the ability of the limb to absorb body weight while avoiding excessive lateral trunk lean, hip adduction and internal rotation, and valgus angulation of the knee

Phase IV: Return to Sport (Week 17+)

Goals

1. Restore power, speed, and agility
2. Ensure proper landing mechanics
3. Ensure athlete can handle all physical demands of sport
4. Independent maintenance program

Specific Exercises

- Sports-specific training (see additional appropriate progressions as pertains to below)
 - Advanced agility
 - Plyometrics
 - Speed
 - Power

Criteria for Progression

1. Maintain all criteria from phase III
2. Cleared by physician
3. Ability to perform sports-specific drills at full speed without pain
4. Completed sport training and conditioning without pain or compensation

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