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ILIOTIBIAL BAND LENGTHENING & BURSECTOMY REHABILITAION PROTOCOL

GENERAL GUIDELINES

- Formal physiotherapy typically continues for 2-3 months after surgery
- Overall focus on protecting iliotibial band repair and preventing recurrent bursitis or tendonitis
- M.D may alter time frames for use of crutches
- NO active abduction or passive adduction for 6 weeks after surgery

GENERAL PROGRESSION OF ACTIVITIES OF DAILY LIVING

- No bathing/tub/pool (shower only) until 4 weeks after surgery.
- No driving until: 2-3 weeks for automatic transmission cars, left leg surgery
- 6-8 weeks for manual transmission cars, or right leg surgery
- Weight bearing: WBAT postop
- Return to work: after 2 weeks as directed by M.D based on work demands

REHABILITATION PROGRESSION:

Frequency of physical therapy visits should be determined based on individual patient status and progression. The following is a general guideline for progression of rehabilitation following iliotibial band lengthening and trochanteric bursectomy. Progression through each phase should take into account patient status (e.g. healing, function) and surgeon advisement. Please consult M.D if there is any uncertainty concerning advancement of a patient to the next phase of rehabilitation.

PHASE I

Begins immediately post-op through approximately 6 weeks

Goals:

- Protect iliotibial band repair
- Minimize effects of immobilization
- Control inflammation and swelling
- Patient education on rehabilitation progression

Weightbearing Status:

- WBAT with crutches PRN

Exercises:

- Passive hip ROM, avoid pain
- Hip flexion to 90°; IR to 10°; ER to 10°; abduction to 40°
- NO passive hip adduction
- NO active hip abduction
- Quadruped rocking for hip flexion
- Gait training with crutch use prn
- Hip isometrics as comfort allows including hip extension, adduction and ER
- Commence scar massage from week 4 to prevent adhesions/recurrence
- Hamstring and quadriceps isotonics from week 4 – progress as comfort allows
- Stationary bike from week 4 if comfort allows (elevated seat, no resistance)
- Aquatic/pool therapy from week 4 if possible (extreme care entering and exiting water)
- Walking in chest deep water (equivalent to touch WB)
- Walking in waist deep water (equivalent to partial WB)

PHASE II

Begins approximately 6 weeks post-op and extends to approximately 12 weeks post-op
Criteria for advancement to Phase II include:

- Pain free passive hip ROM (including flexion, abduction, IR, ER)
- Minimal swelling/inflammation

Goals:

- Transition from crutches to normal WBAT gait
- Improve hip ROM
- Slowly improve strength
- Commence proprioception training

Weight bearing Status:

- WBAT

Exercises:

- Aggressive scar massage to prevent adhesions/recurrence
- Continue passive hip ROM, no restriction, progress range as comfort allows
- Core strengthening (avoid hip flexor tendonitis)
- Supine bridges
- Isotonic hip adduction
- Hip strengthening – progress as comfort allows, avoid pain
- Hip abduction isometric progressing to isotonic after week 8
- Hip adduction isometric and isotonic
- Hip flexion, extension (leg press), quadriceps, hamstrings
- Commence proprioception/balance (balance board/single leg stance)
- Continue stationary bike, commence elliptical trainer (cross trainer)
- Aquatic/pool therapy if possible
- Commence freestyle kick and freestyle swimming (no breaststroke until 6 months)
- Commence side-stepping with therabands from week 10
- Stretching to commence from week 10 – hip flexor, gluteal/piriformis, and iliotibial band

PHASE III

Begins at approximately 12 weeks and extends through approximately 5-6 months
Criteria to advance to Phase III include:

- Full, pain free hip ROM
- No or minimal hip pain

Goals:

- Regain full, symmetric strength and proprioception
- Undertake gradual return to sports

Exercises:

- Continue to progress flexibility and hip ROM exercises as appropriate for patient
- Continue to progress strengthening – advance as comfort allows
- Side lying hip abduction and adduction
- Standing hip flexion, abduction and extension
- Bridges
- Resistance ROM with theraband
- Endurance training for hip musculature
- Commence jogging and progress running distance based on comfort and patient needs

- Commence and progress agility and balance exercises including, but not limited to:
    - Side steps, crossovers
    - Figure 8 running, shuttle running
    - One and two leg jumping
    - Acceleration/deceleration/springs/cutting
    - Agility ladder drills
- Commence jogging and progress running distance based on comfort and patient needs
- Initiate sport-specific drills as appropriate for patient
- Gradual return to sports participation
- Maintenance program for strength and endurance