

Rehabilitation Protocol Following Trochanteric Bursectomy with IT Band Lengthening

Precautions

- **Weight-Bearing:** WBAT with crutches for **1–2 weeks**.
- **Activity Restrictions:**
 - Avoid **aggressive hip abduction strengthening**.
 - Postpone **aggressive functional activities** until cleared by the physician.

Phase I: Immediate Postoperative Phase (Protective Phase) – Day 1 to Week 3

Goals

- Restore **non-painful range of motion (ROM)** and flexibility.
- Reduce **pain and inflammation**.
- Begin **muscular strengthening**.
- Normalize a **pain-free gait**.

Day 1–5

- **Weight-Bearing:** WBAT with crutches to normalize gait and control pain.

Exercises:

- Ankle pumps, gluteal sets, quad sets.
- Hip isometrics (adduction, flexion).
- Heel slides, pelvic tilts, seated knee extensions.
- Assisted ROM (AAROM) and passive ROM (PROM) for hip and knee to tolerance.

- Single-leg knee-to-chest stretch.
- Mini-squats (0–45 degrees) by Day 3.

Day 5–7

- Continue exercises above and add:
 - Hip isometrics (include abduction).
 - Weight shifts, standing hip extension, supine knee-bent trunk rotations.
 - Stationary biking (if pain-free) with a high seat.
 - Double-leg bridges and supine hamstring stretches.

Week 2

- Progress AAROM and PROM exercises.
- Add light hip flexor, adductor, and IT band stretches.
- Pain-free standing hip abduction and seated hip external/internal rotation (ER/IR).
- Gradually strengthen muscles using low resistance.

Week 3

- Emphasize improved ROM with AAROM, PROM, and stretching.
- Introduce:
 - Hip mobilizations (Grades III/IV) for stiffness.
 - Straight leg raises (all directions).
 - Light leg press, single-leg bridging, and planks.
 - Sidelying clams, lunges onto a box, and lateral step-ups.
 - Tilt board squats, wall squats, hamstring curls, and physioball-assisted squats.
 - Begin pool exercises once incisions are closed (e.g., retrowalking, ROM drills).

Phase II: Intermediate Phase (Moderate Protection Phase) – Weeks 4–6

Goals

- Restore full, pain-free motion.
- Normalize strength in the lower extremities and core.
- Gradually increase functional activities.

Week 4–5

- Continue and progress isotonic strengthening exercises.
- Maintain flexibility with stretches and ROM exercises.
- Gradually increase duration and resistance on a stationary bike.
- Introduce:
 - Elliptical, proprioception drills, and perturbation training.
 - Bosu squats, Biodex squats, tilt board work, and foam training.
 - Emphasize glute medius strengthening with single-leg balance exercises.
 - Step-downs, step-ups, and functional hamstring curls.

Week 5–6

- Progress functional drills:
 - Lateral, forward, and diagonal lunges.
 - Walking for exercise (gradually increasing duration).
 - Pool drills for functional strength and motion.

Phase III: Advanced Exercise Phase – Weeks 7–8

Goals

- Maintain full ROM.

- Improve muscular strength, power, and endurance.
- Gradually reintroduce functional activities.

Criteria to Begin Phase III

- Full, non-painful ROM.
- Satisfactory hip stability.
- Adequate muscular strength (minimum **"good"** grade).
- No pain with functional drills.

Weeks 7–8

- Continue stretching, ROM exercises, and mobilizations for stiffness.
- Progress:
 - Leg press (0–90 degrees) and vertical squats (0–60 degrees).
 - Sidelying clams, step-downs, and lateral lunges with resistance.
 - Core strengthening (bridging and physioball sit-ups).
 - Increase aerobic activity: biking, walking, and elliptical.
 - Begin stair stepping and functional core/hip drills.

Phase IV: Return to Activity Phase – Weeks 8–12

Goals

- Enhance muscular strength, power, and endurance.
- Progress functional activities.
- Maintain hip mobility.

Criteria to Begin Phase IV

- Full, pain-free ROM.
- Satisfactory clinical exam.
- Hip strength \geq **75–80%** of the contralateral side.

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Through Small Incisions

- No pain or tenderness during functional drills.

Weeks 8–12

- Pool running and treadmill walking/running intervals.
- Functional agility drills:
 - Backward running, side slides, fast feet, and cone step-overs.
- Plyometric exercises for select patients (e.g., box jumps).
- Initiate interval golf or sports programs (if pain-free).

Final Notes

- Progression should be **guided by pain tolerance** and **clinical milestones**.
- Patients should **follow physician recommendations** before advancing phases.
- Modify activities based on **individual recovery rates and response to therapy**.

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