

# Hip Abductor Repair

## Physical Therapy Protocol

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### Precautions

- No flexion beyond 90° and no adduction past midline for the first 6 weeks post-op.
  - No passive external rotation (PROM ER) until week 4.
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### Phase I – Immediate Post-Surgical Phase (Weeks 0–4)

#### Goals:

- Protect the repair
- Control pain and inflammation
- Prevent muscle atrophy
- Maintain core and surrounding joint mobility

#### Precautions:

- Flat foot weight bearing (FFWB), no more than 20 lbs

- No active hip abduction

**Interventions:**

- Biking: Limit to 20 minutes per session
- Isometric quad and hamstring activation
- Open kinetic chain quad/hamstring strengthening
- Pelvic clock drills
- Begin extension and adduction isometrics at 2 weeks post-op

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**Phase II – Progressive Weight Bearing Phase (Weeks 5–11)**

**Goals:**

- Gradual return to weight bearing
- Protect healing tissues
- Improve neuromuscular control and core engagement

**Precautions:**

- Progress weight bearing by adding 25% body weight each week
- Transition to full weight bearing (FWB) by week 8

Interventions:

- Progress PROM to full
- Restore full AROM by end of this phase
- Initiate concentric hip adduction
- Begin isometric hip abduction
- Core strengthening focus (e.g., planks, dead bugs)
- Bridging exercises (double-leg → single-leg progression)

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**Phase III – Strengthening and Proprioception (Weeks 12–15)**

Goals:

- Normalize gait
- Eliminate Trendelenburg pattern
- Improve proprioception and hip stability

Interventions:

- Initiate concentric abduction strengthening
- Proprioceptive training:

- Double-leg and single-leg stance
  - Progress to unstable surfaces as tolerated
  - Progress from open-chain to closed-chain abduction
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#### **Phase IV – Return to Sport and Higher-Level Function (Week 16+)**

Goals:

- Prepare for athletic activity or high-level daily function
- Restore dynamic hip strength and coordination

Interventions:

- Begin running progression
- Incorporate plyometric training
- Sports-specific drills and agility work