



## CGMA

### Center for Gait and Movement Analysis

#### PT01: Intramuscular iliopsoas lengthening at the pelvic brim

Indication: Iliopsoas contracture with positive Ely test, positive Thomas test and decreased hip extension with anterior pelvic tilt

Procedure: Iliopsoas tendon is released at the anterior inferior iliac spine

Casting: No cast, weight bearing as tolerated. Patient should spend the majority of the day prone to stretch the hip flexors including the proximal rectus femoris for the first 3 weeks

Healing Time: Approximately 3 weeks.

Precautions:

- Do not allow the patient to spend many hours sitting over the course of the day. This flexed posture allows the hip flexors to shorten and heal in this position.
- Make special arrangements for the patient to spend the majority of time in prone while at school.
- When the child is placed in prone, do not place pillows under their torso/hips, avoid flexion at the hips.
- The patient will be uncomfortable due to post-operative pain. A full body cast is a pain management option but is cumbersome and not required.

Contraindications:

- Avoid active, forceful hip flexion for the first 3 weeks post-op
- Avoid impact activities for the first 3 weeks post-op

Phase 1: Post-op day 1-7

- Goals:
- protect the surgical site including the incision and underlying surgical tissues
  - encourage prone lying for the majority of the 24 hour day
  - gentle PROM, AAROM of the involved hip, knee, ankle in all planes of motion
  - isometric contraction of the glut max, quads, hamstrings

Criteria to progress:

- safe mobility for ADL completion
- able to demonstrate understanding of home exercises and precautions
- home exercises to include prone lying, isometric contraction of the gluts, quads and hamstrings

Phase 2: Post-op day 8-21

- Goals:
- improve abdominal strength to reduce anterior pelvic tilt, avoid substitution by the hip flexors, do not secure/ stabilize the legs when working on abdominal strengthening
  - passive, active assistive motion to 10° of hip extension
  - begin gait training with emphasis on **quality** of gait pattern, OK to try slow treadmill walking

Criteria to progress:

- uneventful healing of surgical tissues

Phase 3: Post-op day 22 to completion of PT care

Goals: -surgical incision scar mobility once good wound closure has occurred (Approx. 4-6 weeks)

-improve hip extensor strength with exercises such as bridging, step ups, stair climbing, etc.

-attain a trailing limb posture at terminal stance and improve knee extension at terminal swing and initial contact when walking

-anticipate return to full pre-op activity level at ~ 3 months post-op

-independent management with home exercises

When multiple procedures are performed at the same surgical event, the post-op physical therapy care needs to default to the most conservative time frames and guidelines.

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