

PT02: Adductor tendon lengthening

Indication: Hip adductor contracture and scissor gait pattern

Procedure: Small percutaneous incisions into the origin of the adductor longus, gracilis and occasionally, the adductor brevis

Casting: Long leg casts with spreader bar or abduction pillow for 3 weeks, weight bearing as tolerated with wide stance, do not allow scissoring to occur

Healing Time: Approximately 3 weeks

Precautions:

- Avoid windswept posturing during the healing, can use a hip spica cast to prevent the windswept position but the patient will not be able to sit with the cast donned
- If a cast is not used, an abduction pillow is needed to stretch the adductors during healing
- The patient should sleep and spend the majority of the day with the abduction pillow between their legs. It should only be removed for personal hygiene, toileting and PT

Contraindications:

- Avoid active, forceful adduction and flexion for the first 3 weeks
- 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 gravity assisted/ gravity eliminated hip abduction
 - avoid sitting with adduction
 - isometric contraction of the glut max, quads, hamstrings
 - PROM, AAROM, AROM of ankles

Criteria to progress:

- safe mobility for ADL completion
- able to demonstrate understanding of home exercises and precautions
- home exercises to include positioning with the legs abducted, isometrics, ROM of the knees, ankles

Phase 2: Post-op day 8-21

- Goals:
- initiate gait training with wide-based posture, avoid adduction or scissoring
 - initiate side stepping with the assistance of the wall, bar, table, etc
 - try treadmill walking at a slow speed to work on **quality** of gait pattern

Criteria to progress:

- uneventful healing of surgical tissues

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

- Goals:
- surgical scar mobility once good wound closure has occurred (Approx. 4-6 weeks)
 - improve hip abductor strength, improve total leg strength
 - attain quality gait pattern, avoid scissoring
 - anticipate return to full pre-op activity level at ~ 3 months post-op
 - independent management with home exercises, important to stretch daily, consistently, avoid sitting with adduction

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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