



Pediatric Orthopedic and Scoliosis Center
Rehabilitation Medicine Center

Diagnosis: L / R AIIS Avulsion fracture, hip flexor strain

Date of Injury:

Rx: 2-3x/wk x 12 weeks

Weeks 0-4:

Weight bearing: 50% WB with crutches

Pain control and modalities, limit hip extension based on pain

Increase ROM

Weeks 5-8:

Progress to WBAT

Stretch and strengthen hip musculature.

Focus on ITB and hip flexor stretching and strengthening.

Core strengthening

Hip flexor strengthening (protocol attached)

Modalities PRN.

Weeks 9-12:

Increase strengthening intensity as tolerated

Plyometrics as tolerated

Progress to sport-specific return to play exercises

Additional Instructions:

R. Gunnar Tysklind, MD

Date

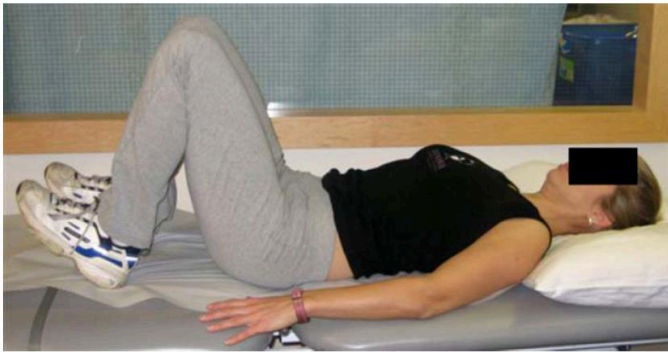
Adapted from Edelstein J, HSSJ 2009 5:78

Psoas/hip flexor stretching, Increase A/P ROM hip. Gentle strengthening. Modalities (ice, ultrasound, TENS, massage, iontophoresis as indicated)

Phase One

Warmup on bicycle

Psoas inhibition exercises – Supine hook lying with dorsiflex at the ankle and pushing through their quadriceps. Contract the quadriceps without activating the hamstrings



Trunk curl exercise – similar to psoas inhibition but adding a small curl by elevating the scapula off the mat.

Phase Two

Electrical stimulation to assimilate a walking pattern, but with the patient prone. Cycle for 10 seconds on and 30 seconds off over the multifidus on affected side. Pillow is under chest and affected thigh. Push into the pillow with knee when stimulation is felt. 7 minutes each side.



Gait Training with striding in neutral posture. Add to home exercise program

Phase Three

Continue electrical stimulation and psoas re-education.

Pilates Reformer – functional core control and stability.

Phase Four

Continue electrical stimulation and psoas re-education with pilates reformer

Psoas Bum Walk – patient sits on the floor and advances forward with only the psoas. The hands are in their laps or across their chest, but not used for assistance of forward motion. Verbal cues are given to advance forward, alternating movement of one buttock to the other without laterally shifting weight.



Phase Five

Continue electrical stimulation and psoas re-education, stop pilates reformer

Ball squats, core strengthening, gluteal exercises. Gentle psoas stretching, Home exercise program