Connecticut Orthopaedics

Megan R. Wolf, MD
Sports Medicine/Foot & Ankle

Endoscopic Iliotibial Band Recession
Post-Operative Protocol

Progress as tolerated through the following phases

Phase I – Maximum Protection
Weeks 1 to 2:

- 50% weightbearing for 2 weeks
- No brace
- Range of motion restrictions for 3 weeks: no end range of motion stretching in flexion or extension

Exercise progression (POD 1 to 7)

- Stationary bike with no resistance: immediately as tolerated
- Glute, quadriceps, hamstring, abduction, adduction isometrics (2x/day): immediately as tolerated
- Hip circumduction

Exercise progression (POD 8 to 14)

- Hip IR/ER isometrics (2x/day)
- Initiate basic core: pelvic tilting, TVA and breathing re-education
- Quadruped rocking

Exercise progression (POD 15 to 21)

- Standing abduction/adduction - full weightbearing on uninvolved side only

Criteria for progression to Phase 2:

- Mobility within limitations
- Early restoration of neuromuscular control
- Normal patellar mobility

Phase II – Progressive Stretching and Early Strengthening

- May begin deep water pool walking at 3 weeks if incisions closed.

Goals

- Wean off crutches (over 7 to 10 days)
- Normal gait
- Normal single limb stance
- Full range of motion
- Improve lower extremity muscle activation, strength and endurance

Manual therapy

- Scar mobilization
- STM to quad, ITB, hip flexors, glutes, hip adductors/abductors/rotators
- Continue work on range of motion (FABER, flexion, abduction, IR, ER)

Exercise progression (as tolerated)

- Bridging double and single
- Supine dead bug series
- Sidelying hip abduction
- Quadruped hip extension series
- Standing internal/external rotation strengthening (use stool)
- Step-up progression
- Squat progression
- Heel raises
- Stationary biking
- Stretching: quadriceps, piriformis and hamstrings

Criteria for Progression to Phase 3:

- Hip abduction strength 4/5
- Flexion, ER and IR range of motion within normal limits
- Normal gait
- No Trendelenberg with single leg stance/descending stairs
- Normal bilateral squat

Phase III – Advanced Strengthening and Endurance Training

Manual therapy

- Continue soft tissue mobilization as needed particularly glutes, adductors, hip flexors, abductors
- Gentle joint mobilizations as needed for patients lacking ER or FABER range of motion
- May begin trigger point dry needling for glutes, quads, adductors.
- Assess FMA and begin to address movement dysfunctions

Exercise progression

- Continue with muscle activation series (quadruped or straight leg series)
- Introduce movement series to increase proprioception, balance, and functional flexibility
- Progress core program as appropriate
- Standing open and closed chain multi-plane hip
- Advanced glute and posterior chain strengthening
- Leg press and leg curl
- Squat progression (double to single leg - add load as tolerated)
- Lunge progression
- Step-up progression
- Walking program
- Outdoor biking
- Swimming
- Pool running program (at least 75% unloaded)

Criteria for progression to Phase 4:

- Hip abduction and extension strength 5/5
- Single leg squat symmetrical with uninvolved side
- Full range of motion
- No impingement with range of motion

Phase IV – Return to Sport Program

- May begin return to run program if phase 4 criteria are met

Manual Therapy

- Continue soft tissue mobilization as needed particularly glutes, adductors, hip flexors, abductors
- Gentle joint mobilizations as needed for patients lacking end range FABER range of motion
- Trigger point dry needling for glutes, TFL, quads, adductors, ilioposoas, iliacus
    - May continue to benefit patients with tightness or mild range of motion restrictions

Exercise progression

- Maintain muscle activation series, trunk, hip and lower extremity strength and flexibility program
- Introduce and progress plyometric program
- Begin ladder drills and multidirectional movement
- Begin interval running program
- Field/court sports specific drills in controlled environment
- Pass sports test
- Non-contact drills and scrimmaging – must have passed sports test - refer to specific return to sport program
- Return to full activity – per physician and passing PT sport test

Revised ***