Suezie Kim, MD
Orthopedic Surgeon • Sports Medicine

Procedure: _____

PT PROTOCOL

Endoscopic Iliopsoas Release

Rehabilitation Protocol

Weight-Bearing Status

ONLY IF DIFFERENT FROM PROTOCOL BELOW

Weight-bearing status may be modified if a concomitant intra-articular hip procedure (e.g., labral repair, femoroplasty) was performed. Follow the weight-bearing status in the phases below unless a different status is indicated here.

☐ Non-weight-bearing ☐ Toe-touch / partial weight-bearing ☐ Weight-bearing as tolerated

Brace / precautions: _____

1 **Weeks 0–2**
Foot-flat WB with crutches; normalize gait; gentle ROM

2 **2–6 Weeks**
WBAT, discontinue crutches; gentle abductor work at wk 3, hip flexor loading held to wk 6

3 **6–12 Weeks**
Initiate hip flexor strengthening; LE/core, plyometrics, treadmill running when cleared

Milestones above are goals, not guarantees; progression is criterion-based. This protocol mirrors ischiofemoral decompression rehabilitation, as both procedures involve protecting the iliopsoas/hip flexor complex during early healing.

Phase 1 Weeks 0–2

Weight-Bearing: Foot-flat weight-bearing, approximately 20 lbs, with crutches. Normalize gait pattern with crutches.

Range of Motion

- Gentle range of motion.

Phase 2 Weeks 2–6

Weight-Bearing: As tolerated; discontinue crutches.

Range of Motion

- Progress range of motion.

Therapeutic Exercises

- Avoid hip flexor strengthening until 6 weeks postoperative.
- *Gentle hip abductor/gluteal strengthening and active-assisted range of motion may begin at week 3, per the published literature.*

Phase 3 Weeks 6–12

Weight-Bearing: As tolerated.

Therapeutic Exercises

- Initiate hip flexor strengthening.
- Progressive lower-extremity and core strengthening.
- Plyometrics.
- Treadmill running program when cleared by the surgeon.
- Sport-specific agility drills.