



Canine Rehab Shop  
All Things Rehab

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## Iliopsoas Strain Rehabilitation Guidelines

### **Description:**

Used for the treatment of Iliopsoas Strain

### **Precautions:**

Orthopedic Precautions

Avoid crate rest as this places the muscle in a shortened position for extended periods of time predisposing the tissue to adaptive shortening

### **Goal:**

Return to patient to the highest level of pain-free function

### **Activity Restrictions:**

Follow Orthopedic Precautions until patient has eccentric muscle control through full range of motion including lumbar spine extension, dorsal pelvic tilt, and hip extension

### **Treatment Frequency:**

Twice weekly for weeks 1-2; once weekly for weeks 3-8; once monthly until patient has eccentric muscle control through full range of motion including lumbar spine extension, dorsal pelvic tilt, and hip extension

## Treatment Weeks 1-2:

1. Electrical stimulation at thoraco-lumbar junction: 5Hz, 160 pulse width, burst mode, 30 minutes, to mild twitch
2. Laser 8J/cm<sup>2</sup> directly over iliopsoas and to lumbar paraspinal musculature
3. Grade II dorsal-ventral glides of the lumbar spine (radiographically clear the spine of diagnoses which contraindicate mobilization such as spondylosis)
4. Therapeutic exercise for controlled concentric contractions and isometric contractions of iliopsoas including: stepping over high poles x 25; front paws on balance disc, hold 30 seconds, repeat x 5; controlled land walking x 10 minutes with theraband wrap to promote overload to hip extensors and reflexive inhibition of the iliopsoas
5. Active stretch of iliopsoas; front paws on box, hold 30 seconds, repeat x 5. Box height should be low enough to allow for neutral lumbar spine, mild ventral pelvic tilt and mild hip extension. If patient is unable to maintain these joint positions, begin with standing square on the ground, hold 30 seconds, and repeat x 5.
6. Educate owners on home exercise program: daily controlled leash walking 15 minutes, three times

## Treatments Weeks 3-8:

1. Electrical stimulation at thoraco-lumbar junction: 5Hz, 160 pulse width, burst mode, 30 minutes, to mild twitch
2. Laser 8J/cm<sup>2</sup> directly over iliopsoas and to lumbar paraspinal musculature
3. Grade III and IV dorsal-ventral glides of the lumbar spine (radiographically clear the spine of diagnoses which contraindicate mobilization such as spondylosis)
4. Low load prolonged stretch of iliopsoas and Latissimus dorsi
5. Underwater treadmill per Orthopedic Protocol. Ensure hip extension is at least 110 degrees before initiating UWT.
6. Therapeutic exercise for controlled eccentric contractions of iliopsoas: sun salutation with back paws on progressing surface heights and stabilities. Surface height should always be low enough to allow for neutral lumbar spine, ventral pelvic tilt and hip extension.
7. Home exercise program for controlled concentric contractions and isometric contractions of iliopsoas including: stepping over high poles x 25; front paws on balance disc, hold 30 seconds, repeat x 5; controlled land walking x 10 minutes with theraband wrap, increase by 5 minutes weekly if no signs of exacerbation; active stretch of iliopsoas; front paws on box, hold 30 seconds, repeat x 5.

## Treatments Monthly:

1. Home exercise program upgrades for controlled eccentric contractions of iliopsoas: sun salutation with back paws on progressing surface heights and stabilities. Surface height should always be low enough to allow for neutral lumbar spine, ventral pelvic tilt and hip extension.
2. When full eccentric control is maintained through full range of motion (neutral lumbar spine, ventral pelvic tilt and hip extension) initiate Graded Return to Activity Schedule.