

# What to Expect from an Adductor Lengthening Procedure

## WHAT ARE THE ADDUCTOR MUSCLES?

The adductor muscles are located in the inner thigh. They start at the pelvis and go to the knee. The muscles control the inward movement of the leg. Adductor muscles support the hip joint.

## WHAT DOES HIP TIGHTNESS MEAN FOR MY CHILD?

Tight adductor muscles can make walking, moving, standing, sitting and basic hygiene tasks difficult or uncomfortable. Children with tight hip muscles might walk in a scissoring pattern or cross their legs while standing or sitting. The condition may cause pain for some children. If the adductor muscles become too tight, they can pull the thigh bone (femur) out of the hip socket over time.

## WHY SHOULD MY CHILD HAVE ADDUCTOR LENGTHENING SURGERY?

- To improve walking, standing or moving
- To help their posture or body alignment
- To reduce pain
- To help with hygiene tasks

## ABOUT ADDUCTOR LENGTHENING SURGERY

During the operation, the surgeon makes a small cut in the tendons of the adductor muscle to make the tight muscles longer. After the surgery, your child will receive a special hip pillow that keeps their legs spread apart to allow for healing. Your care team will determine how long your child needs to wear the pillow.

Adductor lengthening is an outpatient surgery. Most children go home on the day of surgery.

## RECOVERING AT HOME

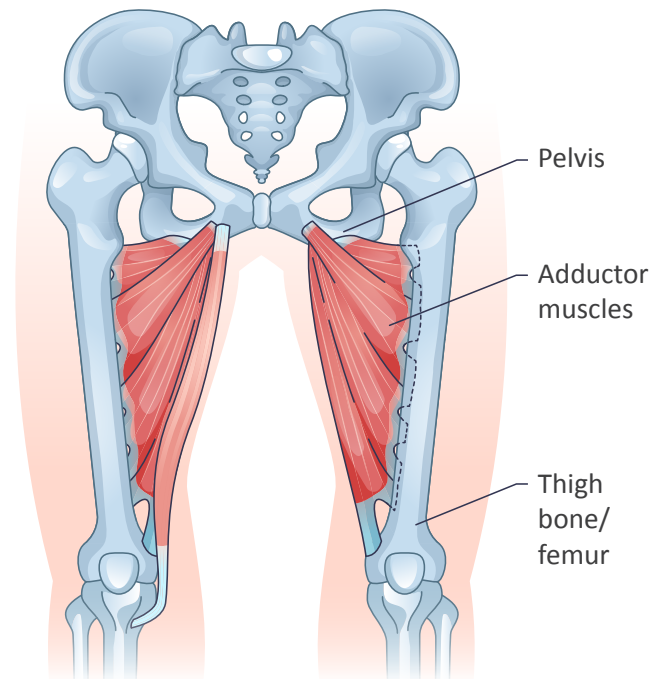
Generally, your child will be able to put weight on their feet as tolerated after the procedure. Your care team will prepare you with instructions for bathing, dressing and moving around safely after surgery using a hip orthotic pillow. Follow the surgeon's instructions for limiting your child's activity while they are healing. Make sure to avoid overstretching or high impact activities, such as running or jumping, during the healing process.

Your child may have leg pain or be uncomfortable in the first few weeks after surgery. It is common to have spasms or jerky movements as the leg heals.

You can expect muscle spasms for about 1 month after the surgery. It will take about 3 months for your child to be able to return to his or her previous level of function.

## FOLLOW-UP APPOINTMENTS

Your orthopedic surgeon will work with you and your child to develop a treatment plan based on your child's healing progress.



Please contact your care team if you have any questions or concerns after surgery.

# Guidance for Your Therapist and Medical Team: Post-Op

## ADDUCTOR LENGTHENING

### Immediate Post-Op to Day 7

#### RESTRICTIONS

- Weight bearing as tolerated
- OK to remove abduction pillow for bathing, dressing, toileting, walking, etc.
- Contact surgical team if pain or discomfort limit use of abduction pillow
- Avoid active, forceful hip adduction
- Avoid impact activities (running, jumping, skipping, hopping)
- Wear custom abduction pillow for positioning as specified here during the day and at night
- **For ambulatory kids (i.e., GMFCS I-III):**
  - Abduction pillow ideally worn during the day when resting and overnight as able to be tolerated by patient
  - Preference is for 8-10 hours of continuous wear overnight
- **For non-ambulatory kids (i.e., GMFCS IV-V):**
  - Abduction pillow worn 20-22 hours/day as tolerated by patient

#### THERAPY FOCUS (Instruction provided by inpatient PT prior to hospital discharge – No outpatient PT for 1 week after surgery)

- Protect the surgical site including the incision and underlying surgical tissues
- Home exercise instruction including positioning with abduction pillow
- Isometric exercises for glute max, quadriceps and hamstrings to be performed 2x/day
- Educate caregiver on gravity eliminated hip abductor strengthening to be performed 2x/day (Remove abduction pillow for this exercise)
- While resting, perform ankle pumps every hour

#### CRITERIA TO PROGRESS

- Uneventful healing of the surgical tissues
- Able to demonstrate independence with home exercises
- Pain well controlled

### Day 8 to Day 21

#### RESTRICTIONS

- Weight bearing as tolerated (ok to remove abduction pillow when actively walking)
- Avoid impact activities (running, jumping, skipping, hopping)
- Avoid active, forceful adduction
- Continue abduction pillow (all night and during the day when not performing exercises or actively walking)

#### THERAPY FOCUS

- Protect the surgical site including the incision and underlying surgical tissues
- Gait training with emphasis on quality of gait pattern, upright posture and endurance
- Initiate hip abductor anti-gravity strengthening
- Provide education on home exercise program for above noted strengthening exercises and continued use of abduction pillow

#### CRITERIA TO PROGRESS

- Uneventful healing of the surgical tissues
- Able to demonstrate independence with exercises in PT
- Compliant with daily home exercise program

### Day 22 to Completion of PT Care

#### RESTRICTIONS

- Continue abduction pillow for 3 months when resting during the day and at night

#### THERAPY FOCUS

- Surgical scar mobility to begin once good wound closure has occurred (~4-6 weeks)
- Continued focus on hip abductor strengthening and core strength
- Initiate adductor stretching once good wound closure has occurred (~4-6 weeks)
- Educate patient and caregiver to stretch gently and avoid pain
- Gait training should focus on symmetric step length and achievement of trailing limb posture
- If patient is struggling to meet gait-related goals, consider referral to Lokomat program
- Independence with home program including daily stretches, core and hip abductor strength and avoidance of hip adduction during gait

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Contact the patient's care team for questions or concerns: 832-822-3100.