

Sports Hernia Repair Protocol

Jeffrey S Hoadley, MD FACS

North Atlanta Surgical Associates

General Surgery

www.northatlantasurgery.com/Atlanta-Surgeon-Hoadley.html

Cara Yano MPT

Atlanta Sports Medicine and Orthopedic Center

Scott Kneller, PT, DPT

Rehabilitation Coordinator

Atlanta Falcons

Phase 1 (1-2 weeks)

Goals:

- Pain and edema control
- Education on posture and TA recruitment



Precautions: (first 2 weeks)

- Avoid trunk hyperextension, aggressive hip extension ROM
- Avoid crunch activity (large contractions of rectus abdominis)

Exercise:

- Cardiovascular
 - Treadmill walking (20 min)
- ROM/Stretching
 - Gentle stretching of hamstrings, adductors, quadriceps, iliopsoas (side lying or prone on elbows), lumbar spine
- Strengthening
 - Transversus Abdominis (TA) recruitment
 - Side lying hip abduction and extension

Manual:

- Lumbar spine rotation mobilization (if applicable) grade 1-2
- Hip mobilization (if applicable) grade 1-2
- Dry needling of adductors, quads (if applicable)

Education:

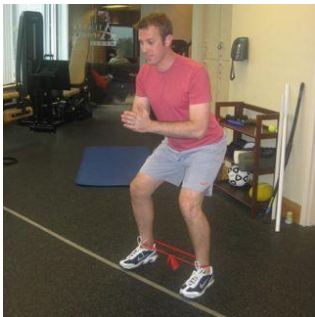
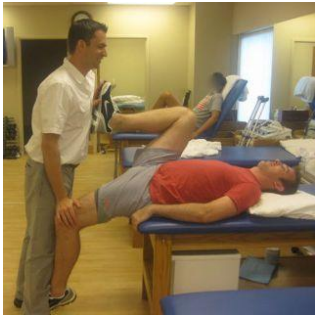
- Posture: Neutral spine with sitting and standing, desk setup if applicable



Criteria to move to Phase 2:

- Minimal pain with ADLs
- Improving ROM of lumbar spine and hips
- Ability to recruit TA and find neutral spine

Phase 2 (2-3 weeks)



Goals:

- Initiate TA strengthening and pelvic stabilization
- Full ROM of L/S and hip
- Protect surgical repair

Exercise:

- Cardiovascular
 - Pool or land walking (fwd/bwd), bike, elliptical
- ROM/Stretching
 - Continue stretching as above
 - Initiate more aggressive hip flexor, rectus femoris stretching (Thomas stretch: off table) *ensure pain free*
- Strengthening
 - Progress TA strengthening: blood pressure cuff
 - Dead bug progression
 - Static core training (emphasize ability to maintain neutral spine)
 - Bridging progression, quadruped progression, plank progression
 - Hip/pelvic stabilization (emphasis on gluteus medius, maximus, TA, and multifidus): Begin double leg, progress to single leg as pain decreases and strength increases
 - Rocker board, band walks, dead lifts
 - Initiate functional strengthening: Begin double leg, progress to single leg as pain decreases and strength increases
 - Squat, leg press, step up

Manual:

- Lumbar spine rotation mobilization (if applicable) grade 3-4
- Hip mobilization (if applicable) grade 3-4
- Scar mobilization
- Dry needling of adductors, quads (if applicable)

Criteria to move to Phase 3:

- No pain with ADLs, ambulation
- Full ROM of lumbar spine and hips
- Good TA recruitment and ability to maintain neutral spine and TA contraction with standing and single leg activity
- Minimal to no Trendelenburg with ambulation and single leg activity

Phase 3 (3-4 weeks)

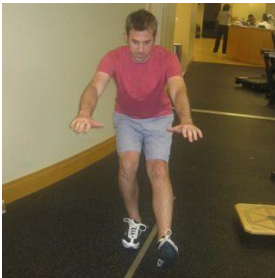
Goals:

- Easy recruitment of TA
- Good pelvic stabilization with ambulation
- Good pelvic and lumbar spine stabilization with dynamic single leg activity



Exercise:

- Cardiovascular
 - Elliptical, increase speed/resistance bike, walking program, water treadmill jogging (progress to land as pain decreases and stability improves)
- ROM/Stretching
 - Continue as above
- Strengthening
 - Begin dynamic core training, initiate Swiss Ball core work (emphasize neutral spine during activities with movement or utilizing unstable surfaces)
 - Prone Swiss ball walkouts
 - Supine ball work
 - Quadruped with perturbation
 - Bridges on ball
 - Plank on Swiss ball or BOSU
 - Plank to side plank transitions
 - Standing stabilization
 - PNF diagonals with sport cord
 - Single leg rocker board with ball toss
 - Progress single leg functional activity - Add perturbation or change to dynamic surface for progression
 - Speed skater
 - Single leg squat
 - PNF patterns with lunge



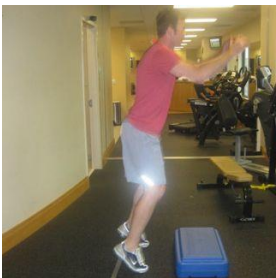
Manual:

- Continue lumbar spine and hip mobilization (if applicable)
- Dry needling (if applicable)

Criteria to move to Phase 4:

- No pain with ADLs, ambulation, and initiation of straight plane jogging
- Full ROM of lumbar spine and hips
- Good TA recruitment and ability to maintain neutral spine and TA contraction with standing and single leg activity with added challenges of perturbation or dynamic surface

Phase 4 (4-5 weeks)



Goals:

- Initiate light sport activity with focus on hip and core stabilization

Exercise:

- Cardiovascular/Sports Activity
 - Return to light sport specific activity (no start/ stop, quick change of directions)
 - Interval bike program, land jogging, light skating
- ROM/Stretching
 - Continue as above
- Strengthening
 - Progress core and hip stabilization, and functional strength as above
 - Initiate plyometric training

Manual:

- Continue lumbar spine and hip mobilization (if applicable)

Criteria to move to Phase 5:

- Symmetrical strength of hips, obliques, lumbar multifidus
- Functional test including single leg hopping
- No pain with return to light sporting activity
- Full lumbar and hip ROM

Phase 5 (5-6 weeks)

Goals:

- Return to full sport activity without pain

Exercise:

- Cardiovascular/Sports Activity
 - Hockey: initiate start/ stop, skating drills with team, shooting
 - Football/Soccer: initiate plant/pivot, change direction, start/stop, increase speed training/sprinting
 - Court Sports: initiate plant/pivot, change direction, start/stop
- ROM/Stretching
 - Continue as above
- Strengthening
 - Continue as above

Manual:

- Continue lumbar spine and hip mobilization (if applicable)
- Dry needling (if applicable)