


PANORAMA
Orthopedics & Spine Center
Exercise Appendix

Please note that this is NOT a comprehensive list of all suggested exercises within our rehab protocol. We have included exercise progressions and ideas that may be unique to this protocol to make sure we are all on the same page! We assume that all practitioners are aware of the standard exercises and form such as bridges, clams, etc. Again, if you have questions about cuing please reach out to us!

Rhythmic Stabilization Progression

Prone Rhythmic Stabilization (beginning manually vs CLX in week 2, both into IR and ER)



Quadruped Rhythmic Stab Progression, (Wk 2-3, Both into IR and ER, progressing to hip ext bias)



Tall Kneeling Rhythmic Stabilization (Wk 4, bias into IR/ER, no anterior/groin pain)



Glute progression exercises

Prone glut isometric, transition to glut iso + TKE for gait (Wk 2-4)



Edge of table hip extension for reciprocal inhibition (wk 4-6): begin with pillow under hips to bias hip flexion vs true extension, squeeze glut and lift knee from table to neutral extension. No back activation!



Bird-dog row (unilateral hip extension, alt donkey kicks/fire hydrants not pictured)



Standing hip hinge with support



Hip thrusters edge of table (standard bridge not pictured)



Reverse clams (Standard clam not pictured)



Prone FABER liftoffs (Wk 8+)



Kickstand RDL (Wk 8+), progressing to full or rotational RDL as motor control allows



Standing Fire Hydrants (Wk 9-10)



X-walks (Week 9-10)



Quad Strength Progression

Not pictured: early step up and lunge progressions. We have only chosen slider progressions here for now. **Slider Reverse lunge Wk 10, Lateral/Curtsy lunges wks 11+**





Motor Control and Core Progression

Side Plank variations (Wk 7-8+, not pictured: front plank progressions)

Standard side plank



Side plank with a hip tap



Rotational Side plank (Wk 10+)



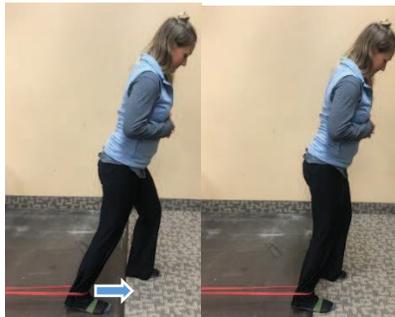
Hip Flexor rollouts (Week 5-6 in patients without evidence of internal snapping hip, tendinitis ONLY).
Progress to supine march, then standing marching for functional progression



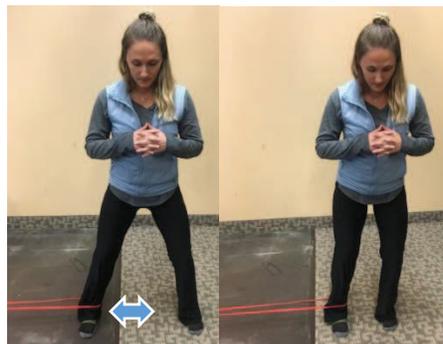
Banded Dead Bugs (Week 8)



Hip Flexor Walkouts (Wk 9-10, NOT appropriate if patient has a history of tendinitis)



Adductor Walkouts (Wk 9)



Single leg RDL/divers, progressing to single leg airplanes (Wks 8-10)



Single leg airplanes: rotational control of the SL RDL position prior to loading, sports based power



Rotational RDL (Wks 11-12+)



Chop and Kick Progression (Wks 10+)



We have chosen not to include foam rolling, although this is an important part of the rehab process. We focus instead on other important self-mobilizations for your patients.

Please keep in mind that superbands self-mobilizations may not be appropriate for all patients, especially those with high scores on the Beighton Scale (see appendix). These are for your tighter patients!

FABER butterfly slides (Wk 6); leg supported on wall or foam roller, relax groin and slide up and down for stretch



Banded self-mob: lateral glide with child's pose (Wk 6)



Banded self-mob: caudal glides (Wk 6, 2 variations based on patient comfort)



Hip tap self-mob (posterior glide biased self-mob in NEUTRAL hip flexor stretch, Wk 8)



Hip tap self-mob 2 (anterior biased self-mob in NEUTRAL hip flexor stretch, add glut iso to deepen stretch, Wk 9-10 in appropriate patients only)



Squatting with lateral or medial bias (Wk 10-12+ in appropriate patients)



Pigeon self-mob with lateral bias (Wk 10-12 in appropriate patients)

