Physical Therapy Practice Guidelines for Persons with Bleeding Disorders: 
Iliopsoas Bleed

The following practice guidelines were developed through the consensus of the therapists that work with patients with bleeding disorders and edited by the National Hemophilia Foundation’s Physical Therapy Working Group. The information contained in the practice guidelines is not intended in any way to be used as primary medical advice or to replace medical advice. They are intended to guide the physical therapist caring for individuals with bleeding disorders in the important factors and elements of quality care.

### Signs and Symptoms

- Hip held in flexion/cannot extend hip
- Pain in groin/abdominal/low back region/LE especially with attempted extension of the hip on the involved side
- Inability to stand completely erect or lie flat
- Inability to walk
- Painful to palpation over psoas muscle
- Femoral nerve symptoms (L2,3,4): sensory and/or motor impairment of involved lower extremity (LE)
- Quadriceps fasciculations
- Absence of patellar reflex
- Chronic quadriceps atrophy

### Differential Diagnosis

- Lower abdominal problem
- Appendicitis
- Hip joint bleed
- Abdominal muscle bleed

### PT Intervention

**Acute Stage: pain present at rest and with all activity**

- Factor correction per medical team orders
- Bedrest
- TTIWB for household mobility only (to bathroom or wheelchair only)
- Rest in position of comfort
- Opposite limb ROM (avoiding pain)
- Ankle pumps involved LE (avoiding pain)
Subacute Stage: Activities of Daily Living (ADLs) do not increase pain

- Factor correction per medical team orders
- TITWB with assistive device without increase in pain
- Isometric/AAROM exercises to involved LE without increase in pain
- Positioning: progress to increased hip extension ROM in supine and prone over pillows without increase in pain
- Continue with non-involved LE therapeutic exercises

Chronic Stage: pain free with ADLs, pain with involved LE hip extension ROM

- Factor correction per medical team orders
- Progress to Full Weight Bearing and wean assistive devices
- Continue positional stretches-prone
- Progress to AROM/PREs in involved LE
- Teach patient to avoid overstretches to iliopsoas muscle
- Re-evaluation by PT, consider outpatient PT referral
- Progress to prior level of function when strength and ROM are pain free

Treatment Considerations

- Electrical-stimulation to address femoral nerve palsy/atrophy
- Sport specific hip flexor stretches when appropriate
- Treatment duration will vary based on individual needs and may require a longer duration than what is recommended for individuals without bleeding disorders.

Precautions/Contraindications

- Inhibitor patients: Please contact the physical therapist at your regional Hemophilia Treatment Center (HTC) for more information on these complex patients
- Use of heat modalities including ultrasound: refer to MASAC Guideline #130 at www.hemophilia.org
- Hip joint mobilizations or psoas soft tissue mobilization/release
- Monitor closely for femoral nerve palsy
- Traction

Please visit NHF’s website @ www.hemophilia.org for HTC contact information and PT references. Additional information is also available through NHF @ 1 800 42-HANDI.