REBOUND® HIP

Ossur’s Rebound Hip brace features a low-profile, lightweight design that promotes user comfort and compliance. It delivers gentle controlling forces and effective functional ROM restriction in extension/flexion and abduction/adduction to help ensure optimal post-surgical outcomes. The universal frame and softgood are easy to stock, assemble and fit.

Low-profile and lightweight
Rebound Hip was engineered with patient comfort and compliance in mind. Your patients will appreciate this low-profile and lightweight alternative to bulkier options.

Put ROM on restriction
Flexion/extension stops restrict ROM to help prevent users from exceeding a safe and comfortable range-of-motion. Select the appropriate stops to best fit your protocol.

Now universal to reduce inventory
With a universal left/right, telescoping strut and a universal belt, Rebound Hip simplifies stocking and ordering by providing a one-size-fits-most solution.

The choice is yours!
Whether you select our adjustable (pictured) or constant force hinge, Rebound Hip is designed to support your protocol and promote optimal post-surgical outcomes.

FEATURES AND BENEFITS

1. Universal
   Fits the right or left leg

2. Slide-to-size adjustable frame
   Height adjustability provides the best fit for each patient’s unique anatomy

3. Universal belt
   Fits up to 48” waist, with optional extension up to 67” waist

4. Easy-release pegs
   Easily adjust desired flexion/ext

5. Adjustable ROM hinge (optional)
   Enables adduction/abduction from 0° to 10°, 20° or 30°

CLINICAL INDICATIONS

Hip conditions that could benefit from motion restriction following surgery:
- Femoral Acetabular Impingement (FAI) arthroscopic surgery
- Gluteus medius repair surgery
- Hamstring repair surgery

*Data on file at Ossur
Rehabilitation following FAI hip arthroscopy has long been recognized as an integral component of the clinical outcome of the procedure. The Rebound Hip brace is designed to help optimize post-surgical rehabilitation following FAI hip arthroscopy. Typically, a specific rehabilitation plan with 4 phases is developed for the treated patient.

<table>
<thead>
<tr>
<th>WEEKS 0–4</th>
<th>WEEKS 5–7</th>
<th>WEEKS 8–12</th>
<th>WEEKS 12+</th>
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</thead>
<tbody>
<tr>
<td>50% WB for 7-10 days</td>
<td>Emphasis shifts from motion to strength</td>
<td>Integrated functional strengthening</td>
<td>Safe, effective return to sports</td>
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<tr>
<td>Brace wear – ROM limitation in Flexion/Extension + Abduction/Adduction based on surgeon’s individual recommendation</td>
<td>Continue brace wear if indicated by surgeon</td>
<td>If full ROM not achieved by week 10, terminal stretches should be initiated</td>
<td>Careful, frequent re-assessment to prevent loss of mobility as strengthening continues to advance</td>
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<tr>
<td>Manual therapy</td>
<td>Continue manual and aquatic therapy</td>
<td>Manual therapy as needed</td>
<td></td>
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<tr>
<td>Prone lying 1-2/h/day</td>
<td>Kneeling hip flexor stretch once tolerated</td>
<td>Multi-planar muscle strengthening</td>
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<tr>
<td>Stationary bike without resistance</td>
<td>Passive ROM should become more aggressive, especially rotation</td>
<td>Core strengthening</td>
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<tr>
<td>Isometrics abductors, adductors, extensors, transverse abdominals</td>
<td>Hip, core and pelvis strengthening</td>
<td>Plyometrics in water</td>
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<tr>
<td>Add resistance to bike</td>
<td>Running at end of phase</td>
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<tr>
<td>Build cardiovascular endurance</td>
<td>Agility drills</td>
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</table>

*This is a sample post-operative FAI protocol. It is up to the treating physician for a patient’s individual rehab protocol.

**REFERENCES**