



REBOUND® HIP

Keep a low-profile





REBOUND[®] HIP

Össur'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

Rehabilitation following FAI hip arthroscopy has long been recognized as an integral component of the clinical outcome of the procedure.¹ 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.

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

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

ORDERING INFORMATION

REBOUND HIP

Part #	Description*
98013XRB	Rebound Hip
98012XRB	Rebound Hip with adjustable hinge

X = 0 (Preset to left) or 5 (Preset to right)

*Frame: Universal

Softgood: Universal fitting to 48" hip circumference

REBOUND HIP ACCESSORIES

Part #	Description
980301	OR Kit
RHK-100024	Rotation Strap
980121RB	Belt extender (49-67" hip circumference)

REFERENCES

1. Bedi, A., Chen, N., Robertson, W., Kelly, BT. The management of labral tears and femoroacetabular impingement of the hip in the young, active patient. Arthroscopy (2008) 24(10):1135–45

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