

# IMG PHYSICAL THERAPY

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## Lower Extremity Nerve Gliding (Retlouping) Home Exercise Sheet

Rehabilitation of the lower extremity may take an extended period of time. A loss of strength, range of motion, and use is common after an injury or surgery. Your strength, range of motion, and use of the legs can be regained. It may become frustrating at times, but you can be successful with hard work, patience, and listening to your body.

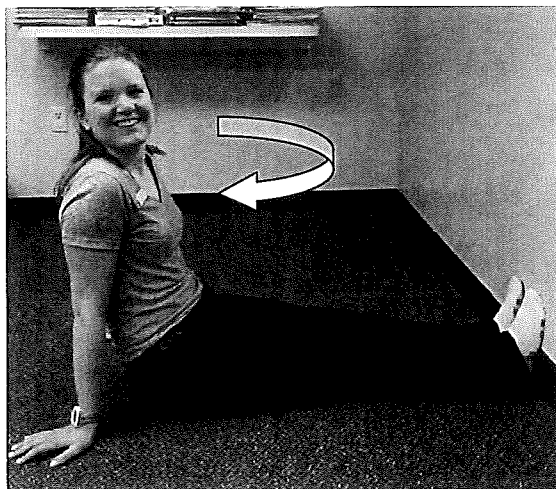
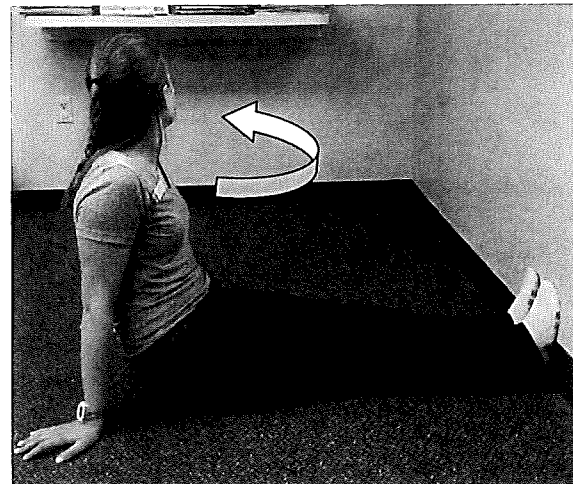
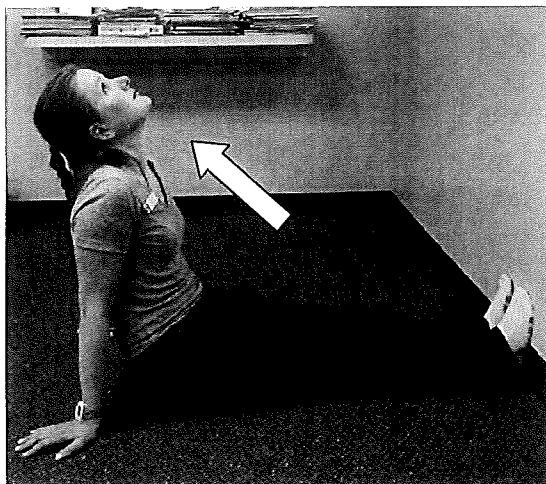
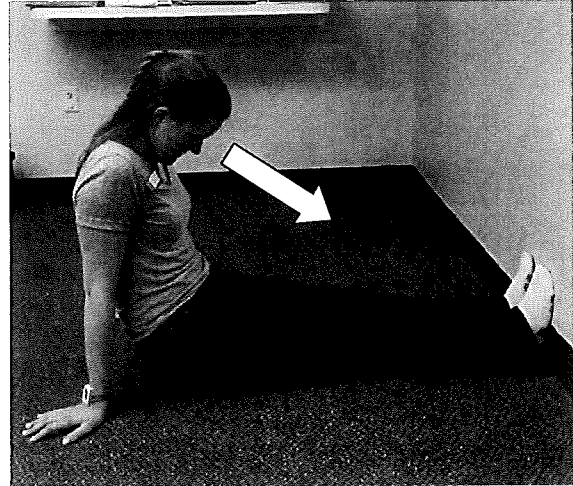
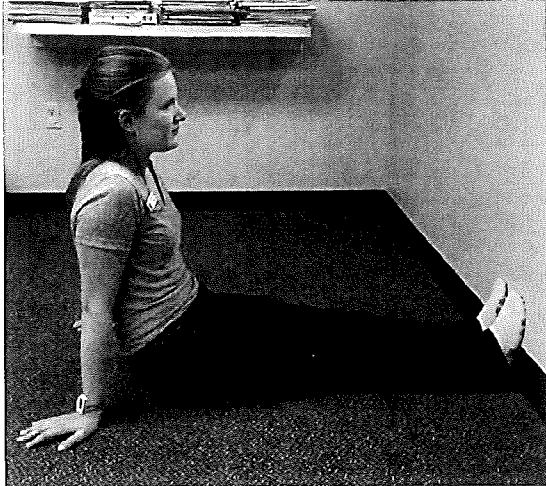
When you are exercising on your own at home there are some things to remember...

- \* Any specific exercise that causes pain, especially sharp knife like pain, is hindering the healing process for your injury and should be modified or discontinued until you notify your therapist.
- \* Increased swelling after exercise indicates that the exercise may be too difficult or it is not being done correctly. Be sure to ice that area of swelling and use a compression wrap as needed.
- \* Re-injuries during the rehabilitation process will slow your progress. If you get recurring pain either lower the number of sets or repetitions; or reduce the range of motion to avoid the area of pain.
- You should experience stretching sensations, but the exercise should not increase the pain or swelling.
- \* Consult your Physician or Physical Therapist if any problems arise or if you have any questions regarding an exercise. It is better to make sure that you are doing an exercise correctly than to cause further injury by doing an exercise incorrectly.

This exercises are to be done 1-2 time per day.

## Retloping Procedure

This procedure is designed to assist you in getting your knees straight. Follow the guidelines outlined by your therapist.



### RETLOUP Procedure:

Sitting long sitting with feet against wall.  
Slowly flex and extend your neck to end range for 20 repetitions.

Next rotate your head left then right slowly and rhythmically for 20 repetitions.

Repeat the procedure twice.

Perform the procedure \_\_\_\_\_ times a day