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Physiotherapy Rehabilitation in a Patient with Psoas Abscess: A Detailed Case Study

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Abstract

Psoas abscess is an uncommon, yet potentially life-threatening condition characterized by infection within the iliopsoas muscle compartment.

Due to its non-specific clinical presentation, diagnosis is often delayed, increasing the risk of complications such as sepsis, joint involvement, and chronic disability.

While medical and surgical management remain the cornerstone of treatment, the role of physiotherapy in recovery is frequently underreported.

This case study aims to highlight the importance of structured physiotherapy rehabilitation in improving functional outcomes in a patient diagnosed with psoas abscess.

A 35-year-old male patient presented with severe low back pain, restricted mobility, and difficulty in ambulation following drainage and antibiotic therapy.

A comprehensive physiotherapy program focusing on pain management, restoration of range of motion, muscle strengthening, and functional retraining was implemented over four weeks. Outcome measures including Visual Analog Scale (VAS) and Oswestry Disability Index (ODI) demonstrated significant improvement.

This case emphasizes the critical role of early and progressive physiotherapy in enhancing recovery, reducing disability, and improving quality of life in patients with psoas abscess.

Keywords: Psoas abscess, Physiotherapy rehabilitation, Low back pain, Functional recovery, VAS, ODI

INTRODUCTION

Psoas abscess refers to the accumulation of pus in the iliopsoas muscle compartment and is classified into primary and secondary types.

Primary psoas abscess typically arises from hematogenous spread, commonly caused by Staphylococcus aureus, whereas secondary abscess results from direct extension of infection from adjacent structures such as the lumbar spine, gastrointestinal tract, or urinary system.

The incidence of psoas abscess remains low; however, it is increasingly recognized due to improved imaging modalities.

The classical triad of symptoms includes fever, flank or back pain, and limitation of hip movement, although this triad is present in less than one-third of patients.

MRI is considered the gold standard for diagnosis.

Management primarily includes antibiotic therapy combined with percutaneous or surgical drainage. Physiotherapy plays a crucial role in addressing residual impairments.

Case Description and Assessment

A 35-year-old male presented with severe low back pain radiating to the anterior thigh, difficulty in walking, and history of fever.

MRI confirmed psoas abscess. The patient underwent drainage and antibiotic therapy before physiotherapy referral.

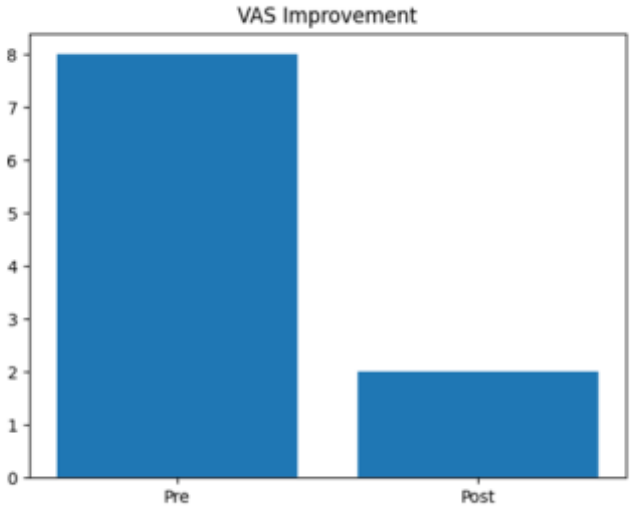
Assessment revealed VAS score of 8/10, ODI score of 68%, restricted hip extension, and reduced lumbar mobility.

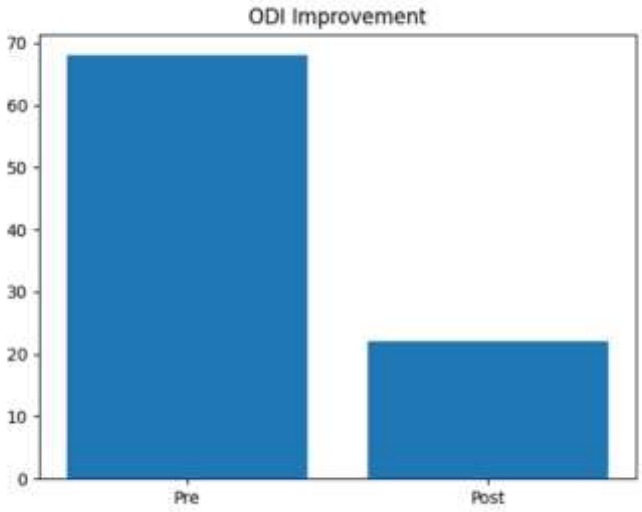
Intervention

Week 1: Pain management and positioning
Week 2: ROM exercises and stretching
Week 3: Strengthening exercises
Week 4: Gait training

Results

VAS: 8/10 to 2/10
ODI: 68% to 22%
Improved ROM and independence





Discussion

Physiotherapy plays an important role in recovery by improving mobility, reducing pain, and restoring function.

This case demonstrates early intervention helps prevent complications and enhances outcomes, pain re Reduction an improved mobility were consistent with previous literature emphasising multidisciplinary management.

Conclusion

Structured physiotherapy significantly improves recovery in psoas abscess patients, Physiotherapy plays a vital role in restoring function and disability in psoas Abscess patients

References

1. Mallick IH et al. Postgrad Med J. 2004.
2. Ricci MA et al. World J Surg. 1986.
3. López VN et al. Eur J Clin Microbiol Infect Dis. 2009.
4. Kisner C, Colby LA. Therapeutic Exercise. 2012.
5. Magee DJ Orthopedic Physical Assessment
6. ACSM Guidelines ACSM's Guidelines for Exercise Testing and Prescription For graded rehab progression