

# ENDOSCOPIC OR OPEN GLUTEUS MEDIUS REPAIR REHAB GUIDELINES

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These guidelines should be tailored to individual patients based on their rehab goals, age, precautions, quality of repair, etc. Progression should be based on patient progress and approval by the referring physician.

## GENERAL GUIDELINES AND PRECAUTIONS:

- No active abduction
- No passive adduction
- Normalize gait pattern with brace and crutches
- Weight-bearing: 20 lbs for 6 weeks.
- Use a cane or one crutch for walking outside of the home for weeks 6-12
- Use a stationary bike daily if possible or at least three times per week for 20 minutes, pushing with the nonoperative leg

## Frequency of Physical Therapy:

- Seen 1x/week for 6 weeks to start the week after surgery
- Seen 2x/week for 6 weeks
- Seen 2-3x/week for 6 weeks

## Precautions following Gluteus Medius Repair:

- No active abduction, no passive adduction, and gentle IR/ER (6weeks)

## PHASE 1 (Weeks 1-4)

### GENERAL GUIDELINES AND PRECAUTIONS:

- No active abduction and ER
- No passive ER (4 weeks) or adduction (6 weeks)
- Can begin passive hip abduction as tolerated
- Hip flexion as tolerated
- Passive extension at 2 weeks
- Gait training PWB with assistive device

### GOALS:

- Increase ROM focusing on flexion

- Manage scarring around portal sites

#### **EXERCISES/TREATMENTS:**

- Bike for 20 minutes/day (can be 2x/day) as tolerated
- Scar massage
- Hip PROM
- Hip flexion as tolerated, abduction as tolerated
- Log roll, Stool stretch for hip flexors and adductors, Quadruped rocking for hip flexion, Hip isometrics, Extension, adduction, ER at 2 weeks, Hamstring isotonic, Pelvic tilts, NMES to quads with SAQ with pelvic tilt, Modalities

#### **PHASE 2 (Weeks 4-6)**

#### **GENERAL GUIDELINES AND PRECAUTIONS:**

- Continue with previous therapies
- 20lb weight bearing restriction through 6 weeks
- Can begin passive ER
- Start isometric sub max pain free hip flexion(4 weeks)

#### **GOALS:**

- Gait training PWB with assistive device and no trendelenberg gait

#### **EXERCISES/TREATMENTS:**

- Stool rotations IR/ER (20 degrees), Supine bridges, Isotonic adduction, Progress core strengthening (avoid hip flexor tendonitis), Progress with hip strengthening, Quadriceps strengthening, Scar massage, Aqua therapy in low end of water

#### **PHASE 3.1 (Weeks 6-8)**

#### **GENERAL GUIDELINES AND PRECAUTIONS:**

- Continue with previous therapies
- Gait training: increase Weight bearing to 100% by 8 weeks with crutches
- Can begin passive/active hip adduction

#### **GOALS:**

- Progress with passive ROM

#### **EXERCISES/TREATMENTS:**

- Passive hip ER/IR, Stool rotation ER/IR as tolerated, Standing on BAPS, prone hip ER/IR, Hip Joint mobs with mobilization belt (if needed), Lateral and inferior with rotation, Prone posterior-anterior glides with rotation, Progress core strengthening (avoid hip flexor tendonitis)

### **PHASE 3.2 (Weeks 8-10)**

#### **GOALS:**

- Wean off crutches (2 to 1 to 0) without trendelenberg gait /
- normal gait

#### **EXERCISES/TREATMENTS:**

- Progressive hip ROM, Progress strengthening LE, Hip isometrics for abduction and progress to isotonic, Leg press (bilateral LE), Isokinetics: knee flexion/extension, Progress core strengthening, Begin proprioception/balance, Balance board and single leg stance, Bilateral cable column rotations, Elliptical

### **PHASE 3.3 (Weeks 10-12)**

#### **GOALS:**

- Continue with previous therapies
- Progressive hip ROM
- Progressive LE and core strengthening

#### **EXERCISES/TREATMENTS:**

- Hip PREs and hip machine, Unilateral Leg press, Unilateral cable column rotations, Hip Hiking, Step downs, Hip flexor, glute/piriformis, and It-band Stretching – manual and self, Progress balance and proprioception (Bilateral to Unilateral to foam to dynadisc), Treadmill side stepping from level surface holding on progressing to Inclines when gluteus medius is with good strength, Side stepping with theraband

### **PHASE 4 (Weeks 12+)**

#### **GOALS:**

- Progressive hip ROM and stretching
- Progressive LE and core strengthening
- Endurance activities around the hip

#### **EXERCISES/TREATMENTS:**

- Dynamic balance activities, Treadmill running program, Sport specific agility drills and plyometrics, Hip hiking on stairmaster (week 12)

### **3-6 months Re-Evaluate (Criteria for discharge)**

- Pain free or at least a manageable level of discomfort
- MMT within 10 percent of uninvolved LE
- Normalized gait, no trendelenberg stance or gait