Rehabilitation for Arthroscopic or Open Gluteus Medius Repair with or without Labral Debridement

General Guidelines:

- No active abduction
- No passive adduction
- Normalize gait pattern with brace and crutches
- Weightbearing: 20 lbs for 6 weeks
- Continuous Passive Motion Machine
  - 2 hours a day for 3-4 weeks

Frequency of Physical Therapy:

- Seen post-op day 1 in hospital
- Seen 1x/week for 6 weeks to start at week 3 post surgery
- Seen 2x/week for 6 weeks
- Seen 2-3x/week for 6 weeks

Precautions following Gluteus Medius Repair:

- Weightbearing will be determined by procedure (protecting the repair)
- Hip flexors tendinitis
- Trochanteric bursitis
- Synovitis
- Managing scarring around portal sites
- Increase range of motion focusing on flexion
  - No active abduction, no passive adduction, and general IR/ER (6 weeks)
Guidelines:

**Weeks 0-4**

- CPM for 2 hours/day
- Bike for 20 minutes/day (can be 2x/day) as tolerated
- Scar massage
- Hip PROM
  - Hip flexion as tolerated, abduction as tolerated
  - Log roll
  - No active abduction and IR
  - No passive ER (4 weeks) or adduction (6 weeks)
  - Stool stretch for hip flexors and adductors
- Quadruped rocking for hip flexion
- Gait training PWB with assistive device
- Hip isometrics
  - Extension, adduction, ER at 2 weeks
- Hamstring isotonics
- Pelvic tilts
- MNES to quads with SAQ with pelvic tilt
- Modalities

**Weeks 4-6**

- Continue with previous therex
- Gait training PWB with assistive device and no Trendelenburg gait
  - 20 pounds through 6 weeks
- Stool rotations IR/ER (20 degrees)
- Supine leg bridges
– Isotonic adduction

– Progress core strengthening (avoid hip flexor tendinitis)

– Progress with hip strengthening
  • Start isometric sub max pain free hip flexion (4 weeks)
  • Quadriceps strengthening
– Scar massage

– Aqua therapy in low end of water

**Weeks 6-8**

– Continue with previous therex

– Gait training: Increase weightbearing to 100% by 8 weeks with crutches

– Progress with ROM
  • 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 tendinitis)

**Weeks 8-10**

– Continue previous therex

– Wean off crutches (2 →1→0) without Trendelenburg gait / normal gait

– Progressive hip ROM

– Progress strengthening LE
  • Hip isometrics for abduction and progress to isotonics
  • 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

**Weeks 10-12**

– Continue with previous therex

– Progressive hip ROM

– Progressive LE and core strengthening
  • 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 → Unilateral → foam → dynadisc

– Treadmill side stepping from level surface holding on progressing to inclines when gluteus medius is with good strength

– Side stepping with Thera-Band

– Hip hiking on StairMaster (week 12)

**Weeks 12+**

– Progressive hip ROM and stretching

– Progressive LE and core strengthening

– Endurance activities around the hip

– Dynamic balance activities
- Treadmill running program
- Sport specific agility drills and plyometrics

3-6 months Re-evaluate (Criteria for discharge)
- Hip Outcome Score
- Pain free or at least a manageable level of discomfort
- MMT within 10 percent of uninvolved LE
- Biodex test of Quadriceps and Hamstring peak torque within 15 percent of uninvolved
- Step down test