Bryan T. Kelly, MD
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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
- Weight-bearing: 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:

- Weight-bearing will be determined by procedure (protecting the repair)
- Hip flexors tendonitis
- Trochanteric bursitis
- Synovitis
- Manage scarring around portal sites
- Increase range of motion focusing on flexion
    - No active abduction, no passive adduction, and gentel IR/ER (6 weeks)

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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
  - NMES to quads with SAQ with pelvic tilt
  - Modalities
- **Weeks 4-6**
  - Continue with previous therex
  - Gait training PWB with assistive device and no trendelenberg gait
    - 20 pounds through 6 weeks

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- Stool rotations IR/ER (20 degrees)
- Supine bridges
- Isotonic adduction
- Progress core strengthening (avoid hip flexor tendonitis)
- 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 Weight bearing 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 tendonitis)
- **Weeks 8-10**
    - Continue previous therex
    - Wean off crutches (2→ 1→ 0) without trendelenberg gait / normal gait
    - Progressive hip ROM

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- 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 theraband

- 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 Hamstrings peak torque within 15 percent of uninvolved
  - Step down test

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