ROCKFORD ORTHOPEDIC

Gluteus Medius Repair

With or Without Labral Debridement

Precautions:

- Weight-bearing status determined by procedure; Avoid hip flexor tendinitis, trochanteric bursitis, and synovitis; Manage scarring around portal sites; Increase ROM focusing on flexion; For at least 6 weeks, NO active abduction, IR, or passive ER, adduction

Phase I (0 – 4 weeks post-op)

- Seen 1x/week for 6 weeks, beginning post-op day 1
- Wound care: Scar massage
- Modalities:
    - CPM 4 hours/day, or 2 hours/day if on a bike
    - NMES to quads with SAQ
- Brace: as prescribed by physician
- Gait:
    - For 6 weeks, 20# weight-bearing restriction
    - Normalize gait pattern with brace and crutches
- ROM:
    - No active abduction/IR
    - No passive ER/adduction
    - PROM:
        - Hip flexion to 90 degrees, abduction as tolerated
- Exercises:
    - Bike for 20 min/day (up to 2x/day)
    - Quadruped rocking for hip flexion
    - Hamstring isotonics, Pelvic tilts
    - Beginning at 2 weeks:
        - Hip isometrics- extension, adduction, and ER

Phase II (post-op 4 weeks – 6 weeks)

- Seen 1x/week for 6 weeks
- Wound care: Scar massage
- Brace: as prescribed per physician

324 Roxbury Road * Rockford, IL * Phone (815) 484-6990 * Fax (815) 484-6961

- Gait:
    - For 6 weeks, 20# weight-bearing restriction
    - Normalize gait with brace and crutches
- ROM:
    - No active abduction/IR
    - No passive ER/adduction
    - Progress with passive hip flexion >90 degrees
- Strengthening:
    - Continue with previous exercises
    - Isotonic adduction, Supine bridges
    - Progress core strengthening (avoiding hip flexor tendinitis)
    - Progress with hip strengthening
        - At 3-4 weeks, Start isometric sub-max pain-free hip flexion
        - Quad strengthening
    - Aqua therapy in low end of water

Phase III (post- op 6 weeks – 8 weeks)

- Seen 2x/week for weeks 6 - 12
- Gait:
    - By 8 weeks, increase weight-bearing to 100% with crutches
- ROM:
    - Progress with ROM
        - Passive ER/IR
    - Hip joint mobilizations with belt, as needed
        - Lateral and inferior with rotation
    - Prone posterior-anterior glides with rotation
- Strengthening:
    - Continue with previous exercises
    - Supine log rolling → stool rotation → standing on BAPS
    - Progress core strengthening (avoiding hip flexor tendinitis)

Phase IV (post-op 8-10 weeks)

- Seen 2x/week for weeks 6-12
- Gait: Wean off crutches (2 → 1 → 0)
- ROM:
    - Progressive hip ROM

- Strengthening:
    - Continue previous exercises
    - Progressive LE strengthening
        - Hip isometrics for abduction
        - Leg press (bilateral LE)
        - Isokinetics: knee flexion/extension
    - Progress core strengthening
    - Begin proprioception/balance
        - Balance board and SLS
    - Bilateral cable column rotations
    - Elliptical

Post-op weeks 10-12

- Seen 2x/week for weeks 6-12
- Continue with previous exercises
- 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, glut/piriformis, and IT band stretching- manual and self
- Progress balance and proprioception
    - Bilateral → Unilateral → Foam → Dynadisc
- Treadmill side stepping from level holding on progressing to inclines
- Side stepping with theraband
- At week 12, hip hiking on stairmaster

Post-op weeks 12+

- Seen 2-3x/week
- 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

324 Roxbury Road * Rockford, IL * Phone (815) 484-6990 * Fax (815) 484-6961

ROCKFORD ORTHOPEDIC

Post-op 3-6 months/Criteria for Discharge

- Hip Outcome Score
- Pain-free or at least a management level of discomfort
- MMT within 10% of uninvolved LE
- Biodex test of Quads and Hamstrings peak torque within 15% of uninvolved LE
- Single leg cross-over triple hip for distance:
    - Score of less than 85% is considered abnormal for males and females
- Step down test

Adapted From:

1) Post Operative Hip Arthroscopy Rehabilitation Protocol, Shane Nho, MD with Midwest Orthopedics at RUSH – Sports Medicine
2) Rehabilitation Guidelines for Hip Arthroscopy Procedures, Dr. Philipon with UW Health Sports Medicine and Marc Sherry, PT, LAT, CSCS

324 Roxbury Road * Rockford, IL * Phone (815) 484-6990 * Fax (815) 484-6961