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ORTHOPEDIC SURGERY AND SPORTS MEDICINE

Rehabilitation for Arthroscopic or Open Gluteus Medius Repair Debridement

General Guidelines:

- No active abduction
- No passive adduction
- Normalize gait pattern with brace and crutches
- Weight bearing: touchdown only for 6 weeks

Frequency of Physical Therapy:

- Seen post-op day 1-3
- 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 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)

Weeks 0-4

- Bike for 20 minutes/day (can be 2x/day) as tolerated. No resistance
- 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 isotonic
- Pelvic tilts
- MNES to quads with SAQ with pelvic tilt
- Modalities

Weeks 4-6

- Continue with previous therapy
- 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

Weeks 6-8

Continue with previous therapy

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 tendinitis)

Weeks 8-10

Continue previous therapy

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

Aqua therapy in low end of water

Continue with previous therapy

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)

- Begin proprioception/balance

- Balance board and single leg stance – Bilateral cable column rotations

- Elliptical

Weeks 10-12

- Continue with previous therapy
- 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)

- 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