

**CENTER FOR ORTHOPAEDICS AND SPINE CARE
PHYSICAL THERAPY PROTOCOL
GLUTEUS MEDIUS REPAIR
BENJAMIN J. DAVIS, MD**

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:

- Limited Weight bearing
- Hip flexor tendonitis
- Trochanteric bursitis
- Synovitis
- Manage scarring
- Increase range of motion focusing on flexion
- No active abduction, no passive adduction, and gentle IR/ER for 6 weeks

Guidelines:

- **Week 0-4**
 - CPM for 2 hours/day
 - Bike for 20 minutes/day (can be 2x per 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 (6weeks)
 - Stool stretch for hip flexors and adductors
 - Quadruped rocking for hip flexion
 - Gait training with PWB with assistive device
 - Hip isometrics
 - Extension, adduction, ER at 2 weeks
 - Hamstring isotonics
 - Pelvic tilts
 - Modalities

IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CALL OUR OFFICE.

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- **Weeks 4-6**
 - Continue with previous treatment
 - Gait training PWB with assistive device and no trendelenberg gait
 - 20 pounds though 6 weeks
 - Stool rotations IR/ER (20 degree)
 - 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 if possible

- **Weeks 6-8**
 - Continue with previous therapy
 - Gait training: increase weight 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 IR/ER
 - Hip joint mobilization 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 therapy
 - Wean off crutches (2→1→0) without trendelenberg 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

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- **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 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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