



4140 Centennial Hills Boulevard • Casper, WY 82609 • (307) 265-7205

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)



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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 isotonic
- 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



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- 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 isotonic
 - Leg press (bilateral LE)
 - Isokinetics: knee flexion/extension
- Progress core strengthening



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- 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



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- 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