



## FOX VALLEY ORTHOPEDICS

### Gluteus Medius Repair

The intent of this protocol is to provide guidelines for your patient's therapy progression. It is not intended to serve as a recipe for treatment. We request that the PT/PTA/ATC should use appropriate clinical decision making skills when progressing a patient. The exercises listed are not all inclusive, you can modify exercises as long as you maintain the appropriate precautions.

#### **General Guidelines/Precautions following surgery**

- Weight bearing: 2 crutches, up to 50 pounds weight bearing for 6 weeks
- ROM: NO Active hip abduction and IR and NO Passive hip ER and adduction for 6 weeks
- Do not push through pain or pinching, gentle stretching will gain more ROM.
- Manage scarring around incision

#### **Weeks 0-4**

- ROM: **NO** active hip abduction or IR. **NO** passive hip adduction, ER, or IR
  - PROM: Hip flexion to 90 for 3 weeks, gradually increasing after 3 weeks (do not push through pain,
  - PROM hip abduction as tolerated.
  - PROM Hip extension: 0 for weeks 0-3, gradually progress after week 3
- Upright bike NO RESISTANCE (must be pain free, begin ½ circles, progress to full circles)
- Joint mobilization: Grade I oscillations for pain management
- Soft tissue Mobilization:
  - Gentle scar massage
  - Gentle hip flexor
- Gait training: up to 50 pounds with assistive device
- Strength:
  - Hip isometrics (Begin at 2 weeks): extension, adduction
  - (Begin at 4 weeks): sub max pain free hip flexion
  - Quad sets, Hamstring sets, Lower abdominal activation -Modalities for pain control, swelling

### **Weeks 4-6**

- Continue with previous exercise
- Gait training: up to 50 pounds weight bearing until 6 weeks
- ROM: NO active hip abduction or IR. NO passive hip adduction or ER
  - Begin PROM IR (gentle, no pain)
  - Begin gentle AROM of hip flexion (avoid hip flexor tendonitis)
- Joint mobilization: Gr I-II distraction, lateral distraction
- Soft tissue massage
  - Scar, iliopsoas, TFL, ITB, piriformis, QL, lumbar paraspinals, hip adductors
- Strength
  - Progress isometric resistance
  - Quad and hamstring isotonic exercise
  - Quadraped rocking
- Stretching
  - Manual hip flexor stretching (gentle, no pain)
  - Modified Thomas position, or pillows under buttock
- Modalities for pain control, swelling

### **Weeks 6-8**

- Continue with previous exercise
- Gait training: increase to 100% with crutches by 8 weeks
- ROM: Passive hip IR, Active assistive hip ER, Active assistive hip abduction, adduction
- AROM: hip flexion, extension
- Joint mobilization: Perform as needed to gain appropriate ROM
- Soft tissue massage
  - Scar, iliopsoas, TFL, ITB, piriformis, QL, lumbar paraspinals, hip adductors, gluteus medius
- Strength
  - Progress core strengthening
  - Straight leg raise, prone hip extension, supine bridge
- Hip IR/ER using stool under knee (make sure to hold onto object for support).
  - Upright bike with resistance
- Stretching
  - Manual and self hip flexor stretching
- Modalities for pain control, swelling

### **Weeks 8-10**

- Continue with previous exercise
- Gait training: Wean off crutches
- ROM: progress A/PROM all directions
- Joint Mobilization: As needed
- Soft tissue massage: As needed

- Strength
  - Hip abduction: Isometrics to isotonics
  - Progress LE and core strength and endurance as able
  - Begin proprioception/balance activity (2 legs to 1 leg, stable to unstable)
  - Leg press, side stepping, beginning closed chain strength, wobble board balance/taps, Single leg stance
- Stretching
  - Manual and self hip flexor stretching
- Begin Elliptical training

### **Weeks 10-12**

- Continue with previous exercise
- Gait: Normalize without AD -ROM: Progressive hip A/PROM
- Joint Mobilization: As needed
- Soft tissue massage: As needed
- Strength: Progressive LE and core strengthening
  - Hip PRES and hip machine
  - Unilateral leg press
  - Hip hiking
  - Eccentric step downs
  - Side stepping (no resistance-theraband at week 12)
  - Progress balance and proprioception
- Stretching
  - Manual and self: Hip flexor, hip adductors, glute, piriformis, TFL, ITB

### **Weeks 12-16 (Advanced Rehabilitation)**

- Criteria for progression to this level
  - Full ROM
  - Pain Free, normal gait pattern
  - Hip flexor strength 4/5 or better
  - Hip abd, add, ext and IR/ER strength of 4+/5 or better
- Strength
  - Progress core, hip, LE strength and endurance
  - Lunges (multi angle)
  - Plyometric progression (Must have good control with all exercises first)
  - Forward/Backward running program (Must have good control with all exercises first)
  - Agility drills (Must have good control with all exercises first)
- Stretching
  - Progress self and manual stretches

### **PRECAUTIONS**

- No contact activities
- No forced (aggressive) stretching