

## 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 isotonic, 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
- Gait:
  - For 6 weeks, 20# weight-bearing restriction
  - Normalize gait with brace and crutches

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- 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



### **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. Philippon with UW Health Sports Medicine and Marc Sherry, PT, LAT, CSCS