



Green Bay • Fox Valley • Marinette

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Physical Therapy Protocol: Open Gluteus Medius Repair

Philosophy:

Gluteus medius tendon injury and muscle damage can be addressed surgically in an attempt to restore hip motion and function. The failure to repair gluteus medius injuries can lead to chronic limping, pain, and stiffness. For gluteus medius repairs to heal thoroughly, patients must adhere to an initial period of (partial) protection to the area, followed by gentle return to function. A strong, pain-free hip with functional range-of-motion only comes about through combined surgery and physical therapy performed with the therapist and at home.

Phase I, surgery to 4 weeks

OSMS appointments:

Medical appointments at 2 weeks, with films

Physical therapy will begin as directed by your physician and as indicated on your physical therapy order

Rehabilitation Goals:

Protect the integrity of the repaired hip tissue

Restore ROM within restrictions

Reduce pain & inflammation

Prevent muscular inhibition

Precautions:

Toe-touch weight-bearing with assistive device

Range-of-Motion Exercises:

No active abduction and IR

No hip flexion beyond 90

No passive ER or adduction for 6 weeks

Suggested Therapeutic Exercises:

Scar massage

Quadruped rocking for hip flexion

Hip isometrics (hamstring isotonics, pelvic tilts, NMES to quads with SAQ)

After 2 weeks, ok to initiate extension/adduction/ER isometrics

Cardiovascular Exercises:

Stationary bike, no resistance for 20 min/day (may be 2x/day)

Progression Criteria:

Patient may progress to phase II if minimal pain with all phase I exercises



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Phase II, (after Phase I criteria met, usually at 4-6 weeks)

OSMS appointments:

Medical appointments at 6 weeks

Physical therapy appointments continue at once or twice weekly

Rehabilitation Goals:

Protect the integrity of the hip

Restore full ROM

Initiate limited gait

Progressively increase muscle strength

Precautions:

TTWB, advance to 20# through the first 6 weeks

Range-of-Motion Exercises:

Progress PROM hip flexion past 90

Suggested Therapeutic Exercises:

Supine bridges

Isotonic adduction

Progress core strengthening, but avoid hip flexor tendinitis

Progress hip strengthening, including sub-maximal (pain-free) hip flexion

Quad strengthening

Cardiovascular Exercises:

Stationary bike with low resistance

Aqua therapy in low end of water

Progression Criteria:

Patient may progress to phase III with FROM

Phase III, (after Phase II criteria met, usually 6-8 weeks)

OSMS appointments:

MD appointment at 6 weeks

Physical therapy appointments fade to every 10-14 days, progress to home program

Rehabilitation Goals:

Restoration of muscular strength & endurance

Restoration of cardiovascular endurance

Optimize neuromuscular control/balance/proprioception

Precautions:

After 8 weeks, ok to increase to WBAT with crutches

Avoid hip flexor inflammation



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Range-of-Motion Exercises:

Progress with ROM

Passive ER/IR allowed

Suggested Therapeutic Exercises:

Supine log rolling

Stool rotation

Standing on BAPS board

Hip joint mobs with mobilization belt (if needed)

Lateral and inferior with rotation

Prone posterior-anterior glides with rotation

Progress core strengthening

Cardiovascular Exercises:

Stationary bike with low resistance

Aqua therapy in low end of water

Progression Criteria:

As therapy continues, pain-free

Phase IV, (after Phase III criteria met, usually 8-12 weeks)

OSMS appointments:

MD appointment at 12 weeks

Physical therapy appointments fade to every 10-14 days, progress to home program

Rehabilitation Goals:

Wean from crutches

Restoration of muscular strength & endurance

Optimize neuromuscular control/balance/proprioception

Precautions:

After 8 weeks, ok to increase to WBAT with crutches

Avoid hip flexor inflammation

Range-of-Motion Exercises:

Progress with ROM

Passive ER/IR allowed

Suggested Therapeutic Exercises:

Progressive LE strengthening

Hip isometrics for abduction and progress to isotonic

Leg presses

Knee flexion/extension isokinetics

Progress core strengthening



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Begin proprioception & balance

Balance board

Single leg stance

Bilateral cable column rotations

After 10 weeks, initiate hip PREs and hip machine, unilateral leg presses, unilateral cable column rotations

After 10 weeks, initiate step downs, hip hiking, hip flexors, glute/piriformis, and IT band stretches

Cardiovascular Exercises:

Stationary bike with resistance

Elliptical

Treadmill side stepping, from level surface holding on, progress to inclines

Hip hiking with Stairmaster

Aqua therapy

After 12 weeks, progress to treadmill running/sport specific agility drills/plyometrics

Progression Criteria & Return to Sport (12+ weeks):

Cardio fitness equal to pre-injury

Demonstrate initial agility drills with proper body mechanics

Return to sport is MD directed, combined with pain-free ROM, hip strength >85% of the uninvolved side, ability to perform sport-specific drills at full speed without pain, generally 12-16 weeks