

## 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

### ***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

**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 therex 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 isotonics
- Leg presses
- Knee flexion/extension isokinetics
- Progress core strengthening
- 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