

## GLUTEUS MEDIUS REPAIR

### Rehab Protocol

Weeks 1-4: Home (Provide patient with home exercise program)

- Flat foot weight bearing with crutches/walker and brace
  - 20 pounds through 4-6 weeks
- Alternate positions
- Hip Isometrics
  - Hip Adduction
  - Start isometric sub max pain free hip flexion (3-4 wks)
- Quad sets
- Glute sets
- Core sets
- DVT prevention: Ankle pumps
- Leg elevation

Weeks 4-6:

- Initiate PT at week 4 for endoscopic glute med repair
- Initiate PT at week 6 for open glute med repair
- Gait training PWB with assistive device
  - Progress between 4-6 weeks endoscopic or 6-8 weeks for open repair
  - Brace can be discontinued once FWB
- Passive hip ROM as tolerated
  - Progress with pain free passive hip flexion greater than 90 degrees
  - Hip adduction, extension
  - Avoid aggressive abduction
  - Begin passive hip ER/IR at 6-8 wks
- Continue isometrics (avoid abduction until week 8)
- Continue quad sets, glute sets, core isometrics
- Supine bridges
- Isotonic adduction
- Progress core strengthening (avoid hip flexor tendonitis)
- Progress with hip strengthening
- Quadriceps strengthening
- Aqua therapy in low end of water (if incisions healed)



Weeks 6-8:

- Continue with previous therapy
- Gait training: increase WBing to 100% by 8 weeks with crutches for some
- Progress with ROM
  - Begin passive hip ER/IR
- Supine log rolling, stool rotation, standing on BAPS
- Lateral and inferior with rotation
- Prone posterior-anterior glides with rotation
- Progress core strengthening (avoid hip flexor tendonitis)

Weeks 8-10:

- Continue previous therapy
- Progressive hip ROM
  - Active hip abduction can begin
- Progress strengthening LE
- No open chain strengthening required
- Begin hip isometrics for abduction and progress to isotonic
- Leg press (bilateral LE)
- Isokinetics: knee flexion/extension
- Progress core strengthening
- Begin proprioception/balance
- Balance board and single leg stance
- Bilateral cable column rotations
- Elliptical

Weeks 10-12:

- Continue with previous therapy
- 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
- MMI is usually at 12 months post-op



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>12 weeks:

- Progressive hip ROM and stretching
- Progressive LE and core strengthening
- Endurance activities around the hip
- Advance walking, biking, elliptical tolerance
- Dynamic balance activities
- Patient may wean from PT once achieving goals on own and can be educated on HEP

Other:

- Modalities
- Electric Stimulation Ultrasound Heat before/after Ice before/after
- Dry needling
- Blood flow restriction therapy
- Avoid
  - Deep tissue massage to site of repair (greater trochanter)



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