HEALTH
UNIVERSITY OF UTAH

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Rehabilitation for Arthroscopic or Open Gluteus Medius/Minimius Repair

Patient: _____ **Surgery date:** _____ **R L**

General Guidelines:

- Normalize gait pattern with brace and crutches
- Weight-bearing: TTWB for 4 weeks unless otherwise directed by physician
- Continuous Passive Motion Machine
    - 4 hours/day or 2 hours if on stationary bike for 2 bouts of 20-30 minutes if tolerated

Frequency of Physical Therapy:

- Seen post-op Day 10-14
- Seen 1x/week for 6 weeks
- Seen 2x/week for 6 weeks
- Seen 2-3x/week for 6 weeks

Precautions following Hip Arthroscopy:

- Weight-bearing will be determined by procedure (protecting the repair)
- Hip flexors tendonitis
- Trochanteric bursitis
- Synovitis
- Manage scarring around portal sites
- Increase range of motion focusing on flexion
    - No active abduction, IR, or passive ER, adduction (6 weeks)

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Guidelines:

- **Weeks 0-4**
  - CPM for 4 hours/day
  - Bike for 20 minutes/day (can be 2x/day) as tolerated
  - Scar massage
  - Hip PROM
    - Hip flexion as tolerated, abduction as tolerated
    - Log roll
    - No active abduction and IR
    - No passive ER (4 weeks) or adduction (6 weeks)
    - Stool stretch for hip flexors and adductors
  - Quadruped rocking for hip flexion
  - Gait training PWB with assistive device
  - Hip isometrics -
    - Extension, adduction, ER at 2 weeks
  - Hamstring isotonics
  - Pelvic tilts
  - NMES to quads with SAQ with pelvic tilt
  - Modalities

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- **Weeks 4-6**
  - Continue with previous therex
  - Gait training PWB with assistive device and no trendelenberg gait. Transition off crutches between 4-8 weeks based on pain. Goal of FWB by 6-8 weeks.
  - Stool rotations IR/ER (20 degrees)
  - Supine bridges
  - Isotonic adduction
  - Progress core strengthening (avoid hip flexor tendonitis)
  - Progress with hip strengthening
    - Start isometric sub max pain free hip flexion(4 weeks)
    - Quadriceps strengthening
  - Scar massage
  - Aqua therapy in low end of water
- **Weeks 6-8**
  - Continue with previous therex
  - Gait training: increase Weight bearing to 100% by 8 weeks
  - Progress with ROM
    - Passive hip ER/IR
      - Stool rotation ER/IR as tolerated → Standing on BAPS → prone hip ER/IR
    - Hip Joint mobs with mobilization belt (if needed)
      - Lateral and inferior with rotation
      - Prone posterior-anterior glides with rotation
  - Progress core strengthening (avoid hip flexor tendonitis)

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- **Weeks 8-10**
  - Continue previous therex
  - Progressive hip ROM
  - Progress strengthening LE
    - Hip isometrics for abduction and progress to isotonics
    - 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 therex
  - 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

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- Bilateral → Unilateral → foam → dynadisc

– Treadmill side stepping from level surface holding on progressing to inclines when gluteus medius is with good strength

– Side stepping with theraband

– Hip hiking on stairmaster (week 12)

- **Weeks 12 +**

– 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

- **3-6 months Re-Evaluate (Criteria for discharge)**

– Hip Outcome Score

– Pain free or at least a manageable level of discomfort

– MMT within 10 percent of uninvolved LE

– Biodex test of Quadriceps and Hamstrings peak torque within 15 percent of uninvolved

– Step down test

To be seen: 1-2 2-3 x per week

Physician signature: _____ Travis G. Maak, M.D.