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Rehabilitation for Arthroscopic or Open Gluteus Medius/Minimius Repair

General Guidelines:

- Normalize gait pattern with brace and crutches
- Weight-bearing: 20 lbs for 6 weeks
- 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)

Guidelines:

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- **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
- **Weeks 4-6**
  - Continue with previous therex
  - Gait training PWB with assistive device and no trendelenberg gait

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- 20 pounds through 6 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 with crutches
  - 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)
- **Weeks 8-10**

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- Continue previous therex
- Wean off crutches (2→ 1→ 0) without trendelenberg gait / normal gait
- 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

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- Progress balance and proprioception
    - 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.