

Travis C. Burns, MD

Sports Medicine and Shoulder Reconstruction Arthroscopic Shoulder, Hip, and Knee Surgery

www.travisburnsmd.com https://ortho-sa.com/ (210) 705-5060



Gluteus Medius Repair

General Guidelines

- Crutches for 6 weeks, weight bearing 20lbs only
- Start use of stationary bicycle beginning post-operative day 2
 - o 20 minutes per day
 - Elevate seat as high as necessary for hip comfort initially. Progressively lower as it becomes more comfortable.
 - o Use nonoperative leg to pedal and let operative leg to have gentle passive motion

Post-op Weeks 0 – 4

Goals: Pain control and early range of motion

POD 10-14: Sutures out

Therapy:

Bike for 20 minutes/day

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

<u>Weeks 4 – 6</u>

Goals: Wean off of crutches after 4 weeks, regain hip ROM

Therapy:

Continue with previous exercises

Gait training PWB with assistive device and no trendelenberg gait

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

Goals: Full AROM, progressive hip strength

Therapy:

Continue with previous exercises

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 - 12

Goals: Full AROM, progressive strengthening

Therapy:

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

Hip Hiking

Treadmill side stepping

Months 3 -4

Goals: Full AROM, progressive strengthening, return to full activities

Therapy:

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

Measurement goals:

- 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
- Single leg cross-over triple hop for distance
 - o Score of less than 85% are considered abnormal for male and female
- Step down Test