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Rehabilitation for Arthroscopic or Open

Gluteus Medius Repair with or without Labral Debridement

Please give this packet to your physical therapist.

Schedule in advance; 3 to 5 days after surgery.

General Guidelines:

– No active abduction

– No passive adduction

– Normalize gait pattern with brace and crutches

– Weight-bearing: 20 lbs for 6 weeks.

- Use a cane or one crutch for walking outside of the home for weeks 6-12

- Use a stationary bike daily if possible or at least three times per week for 20 minutes, pushing with the nonoperative leg

Frequency of Physical Therapy:

– Seen 1x/week for 6 weeks to start the week after surgery

– Seen 2x/week for 6 weeks

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– Seen 2-3x/week for 6 weeks

Precautions following Gluteus Medius Repair:

– 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, no passive adduction, and gentel IR/ER (6weeks)

Guidelines:

• **Weeks 0-4**

– Bike for 20 minutes/day (can be 2x/day) as tolerated

– Scar massage

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– 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

• 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

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• **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**

– Continue previous therex

– Wean off crutches (2◊ 1◊ 0) without trendelenberg gait / normal gait

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– 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

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• 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 when gluteus medius is with good strength

– Side stepping with theraband

– Hip hiking on stairmaster (week 12)

• **Weeks 12 +**

– Progressive hip ROM and stretching

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– 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)

– Pain free or at least a manageable level of discomfort

– MMT within 10 percent of uninvolved LE

- Normalized gate, no trendelenberg stance or gait

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Rehabilitation for Endoscopic Trochanteric Bursectomy with or without Labral Debridement

Please give this packet to your physical therapist.

Schedule in advance; 3 to 5 days after surgery.

General Guidelines:4

– No active abduction

– No passive adduction

– Normalize gait pattern with brace and crutches

– Weight-bearing: 20 lbs for 2 weeks or until the gait has normalized

- use a stationary bike at minimal resistance daily if possible or at least 3x per week for 20 minutes. Push with the other leg to minimize muscle use

Frequency of Physical Therapy:

– Seen 1x/week for 6 weeks to the week after surgery

– Seen 2x/week for 6 weeks

– Seen 2-3x/week for 6 weeks

Precautions:

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– Weight-bearing will be determined by return of abductor strength – should not be unlimited full weight bearing until hip abductor strength is 90% of the non-operative side

– Hip flexors tendonitis

– Trochanteric bursitis

– Synovitis

– Manage scarring around portal sites

– Increase range of motion focusing on flexion

Guidelines:

• **Weeks 0-4**

– Bike for 20 minutes/day (can be 2x/day) as tolerated

– Scar massage

– Hip PROM

• Hip flexion as tolerated, abduction as tolerated

• Log roll

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• 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

– Stool rotations IR/ER (20 degrees)

– Supine bridges

– Isotonic adduction

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– 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

– 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

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• Prone posterior-anterior glides with rotation

– Progress core strengthening (avoid hip flexor tendonitis)

• **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

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• **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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– Side stepping with theraband

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• **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)**

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