



## Gluteus Medius Repair PT Protocol

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### Phase 1 – Protection Phase (post-op weeks 1-8)

The intent of this protocol is to provide guidelines for progression of rehabilitation, it is not intended to serve as a substitute for clinical decision making. Progression through each phase of rehabilitation is based on clinical criteria and time frames as appropriate.

#### Weight Bearing:

- Weeks 0-6 20% flat foot weight bearing
- Gradual progression of WB with crutches starting at 6 weeks
- Weeks 7-8 100% WB with crutches
- Weeks 8-10 Wean from crutches if patient does not demonstrate Trendelenberg gait

#### Initial ROM Related Restrictions for 8 weeks:

- **No passive adduction or external rotation**
- **No active abduction**
- Passive hip flexion and abduction in a pain-free range
- Spend 2 hours per day on stomach to allow for mild stretching of the hip flexors

#### Goals:

- Reduce swelling and pain
- Restore mobility within limitations
- Restore normal gait
- Promote normal proprioceptive and neuromuscular control

#### Pain and Swelling

- PRICE – Protection, Rest, Ice, Compression, Elevation
  - At a minimum 5-6 times per day for 20-30 minute sessions
  - Icing is encouraged to be done in prone
  - Ankle Pumps for swelling and DVT prevention

### Range of Motion

- Range of Motion
- Active/Active Assistive Range of Motion
  - Upright stationary bike without resistance 20 minutes per day
  - No recumbent biking
- Initiate Thomas stretch and quadruped rocking at weeks 3-4

### Aquatic Therapy

- Begin at week 6
- Circumduction, Hip extension, 1/3 squats
- Forwards and Backwards gait with emphasis on full hip extension and an upright trunk

### Strength/Motor Control

- Isometrics - Quad sets, Glut sets, Transverse abdominis isometrics
- Tall kneeling with controlled rotation and pelvic tilt starting at 6 weeks
- Begin edge of bed hip extension and double leg bridge at 6 weeks

## **Phase 2 – Initial Strengthening (post-op weeks 8-12)**

### **Goals:**

- Full active and passive ROM
- Normalize gait
- Increase leg strength to allow for:
  - Stair descending without compensations
  - Double leg bridge maintaining level pelvis
  - Double knee bends without compensations
  - Single leg balance without Trendelenberg
  - Walking 0.5 mile

### Strength, Proprioception and Neuromuscular Re-education

- Closed chain double leg strength and stability exercises at therapist's discretion. Include multiplanar strength and proprioception; bridging progression, leg press/shuttle, balance as well as core stability
- No resisted abduction until 12 weeks post-op

## Phase 3 - Advanced Strengthening (post-op weeks 12+)

### Criteria for Advancement to Phase 3:

- Full active and passive ROM
- Ascending and descending stairs with involved leg without pain or compensation
- Gait without deviations or pain after 0.5 mile of walking on level surface
- At least 1 minute of double knee bends without compensations

### Goals:

- Restore multi-directional strength and core stability
- Restore ability to absorb impact on leg depending on patient goals
- Closed chain pilates is recommended for hip maintenance and can be very helpful in the final phase of PT to address late muscular imbalance and maintain posterior chain strength

*No running or aggressive single leg abduction strengthening until 6 months post-op*