South County Orthopedics
Orthopedics & Sports Medicine • Physical Therapy • Sports Performance

# Gluteus Medius Repair with or without Labral Debridement

**Ramin R. Tabaddor, MD**
**Arlene D. Kavanagh, PA-C**

This protocol provides general guidelines for initial stage and progression of rehabilitation according to specified time frames, related tissue tolerance and directional preference of movement. The intent is to provide the therapist with a general framework.

**General Guidelines:**

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

**Frequency of Physical Therapy:**

- Seen post-op 2 weeks
- 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:**

**Weeks 0-4**

- o Scar massage
- o 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

- o Quadruped rocking for hip flexion
- o Gait training Flat foot weightbearing with assistive device o Hip isometrics -
    - ▪ Extension, adduction, ER at 2 weeks o Hamstring isotonics
- o Pelvic tilts
- o NMES to quads with SAQ with pelvic tilt o Modalities

**Weeks 4-6**

- o Continue with previous therapy
- o Gait training PWB with assistive device and no Trendelenberg gait
    - ▪ 20 pounds through 6 weeks
- o Stool rotations IR/ER (20 degrees)
- o Supine bridges
- o Isotonic adduction
- o Progress core strengthening (avoid hip flexor tendonitis) o Progress with hip strengthening
    - ▪ Start isometric sub max pain free hip flexion(4 weeks)
    - ▪ Quadriceps strengthening o Scar massage
- o Aqua therapy in low end of water

**Weeks 6-8**

- o Continue with previous therapy
- o Gait training: increase Weight bearing to 100% by 8 weeks with crutches
- o 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
- o Progress core strengthening (avoid hip flexor tendonitis)

**Weeks 8-10**

- o Continue previous therapy
- o Wean off crutches (2 » 1» 0) without Trendelenberg gait / normal gait
- o Progressive hip ROM
- o Progress strengthening LE
    - ▪ Hip isometrics for abduction and progress to isotonics
    - ▪ Leg press (bilateral LE)
    - ▪ Isokinetics: knee flexion/extension
- o Progress core strengthening o Begin proprioception/balance
    - ▪ Balance board and single leg stance o Bilateral cable column rotations
- o 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
  - 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

This protocol provides you with general guidelines for the patient undergoing gluteus medius repair with or without labral debridement.

Specific changes in the program will be made by the physician as appropriate for the individual patient.

Questions regarding the progress of any specific patient are encouraged, and should be directed to Dr. Tabaddor at 401-789-1422, ext. 104.

**REFERENCE:** Clinical Orthopaedic Rehabilitation, 2nd edition. SB Brotzman, KE Wilk. Mosby 2003.