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WOODSON GLUTEUS MEDIUS REPAIR REHAB PROTOCOL

General Info:

This is a list of general guidelines for a gluteus medius repair rehab program. These guidelines may change based on fixation, condition of repaired tissue, variations in surgical procedures, age, and patient's response to treatment. Please call our office if there are any questions.

Frequency of PT:

- Seen 1x/wk for 6 weeks to start at post-op week 3
- Seen 2x/wk for 6 weeks
- Seen 2-3x/wk for 6 weeks

Precautions:

- NO active abduction, NO passive adduction, and gentle internal and external rotation for 6 weeks
- Weight bearing is 20 lbs. maximum for 6 weeks
- Hip flexors tendonitis
- Trochanteric bursitis
- Synovitis
- Manage scarring around the portal sites
- Increase range of motion (ROM) focusing on flexion

Post-Op Weeks 0-4: Phase I

- ROM:
 - Hip flexion as tolerated, abduction as tolerated
 - Log roll
 - No active abduction and internal rotation
 - No passive external rotation (4 weeks) or adduction (6 weeks)
 - Stool stretch for hip flexors and adductors
- Weight bearing:
 - Gait training with partial weight bearing (PWB) with assistive device
- Strengthening and Conditioning:
 - Hip isometrics
 - Extension, adduction, external rotation (2 weeks)
 - Hamstring isotonic
 - Pelvic tilts
 - Neuromuscular electrical stimulation to quads with short arc quad with pelvic tilt
- Modalities

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Post-Op Weeks 4-6: Phase II

- Weight bearing:
 - Gait training PWB with assistive device and no Trendelenburg gait
 - 20 lbs. through week 6
- ROM:
 - Passive hip external/internal rotation
 - Stool rotation external/internal rotation as tolerated →standing on BAPS →prone hip external/internal rotation
 - Hip joint mobilization with belt
 - Lateral and inferior with rotation
 - Prone posterior-anterior glides with rotation
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- Strengthening and Conditioning:
- Progress core strengthening (avoid hip flexor tendonitis)

Post-Op Weeks 8-10: Phase III

- Weight bearing:
 - Wean off crutches (2 →1 →0) without Trendelenburg gait/normal gait
- ROM: progressive hip ROM
- Strengthening and Conditioning:
 - Progressive lower extremity strengthening
 - Hip isometrics for abduction and progress to isotonic
 - Leg press (bilateral lower extremities)
 - Isokinetics (knee flexion/extension)
 - Progress core strengthening
 - Begin proprioception/balance
 - Balance board and single leg stance
 - Bilateral cable column rotations
 - Elliptical

Post-Op Weeks 10-12: Phase IV

- ROM: progressive hip ROM
- Strengthening and Conditioning:
 - Progressive lower extremity 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
 - 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 thera-band
 - Hip hiking on Stairmaster (week 12)

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Post-Op Weeks 12+: Phase V

- ROM:
 - Progressive hip ROM and stretching
- Strengthening and Conditioning:
 - Progressive lower extremity and core strengthening
 - Endurance activities around the hip
 - Dynamic balance activities
 - Treadmill running program
 - Sport specific agility drills and plyometrics

Post-Op Weeks 12-16: Re-evaluation of criteria for discharge

- Hip outcome score
- Pain free or at least a manageable level of discomfort
- MMT within 10% of uninvolved lower extremity
- Biodex test of quad and hamstring peak torque within 15% of uninvolved lower extremity
- Step down test