

## Hip Gluteus Medius Repair – Arthroscopic or Open

*This protocol is meant to serve as a guideline with suggestions for exercises and progression but is not limited to these. It is expected that the therapist will use their professional judgement to progress the patient safely and protect the repair /surgical site.*

### General Guidelines and Precautions:

#### Weight Bearing

- Flat Foot WB (20 lbs) X 6 Wks
- May begin gradual progressive weight bearing to WBAT at 6 Wks **in brace**
  - Transition from 2 crutches → 1 crutch or cane → off crutches as long as no Trendelenburg gait

#### Range Of Motion / Brace

- Hip Brace for 12 Wks (locked 0 – 90° flexion)
  - Hip brace must be worn when up and about; does not have to sleep in brace
- Hip flexion to 90 degrees x 6 Wks and then may progress as tolerated
- No **Active** hip abduction or IR X 6 Wks
  - Hold on active hip abduction side lying or resistance until 10 Wks
  - No single leg stance until 12 Wks
- No **Passive** hip adduction or ER X 6 Wks
- No focus gluteal stretching or passive IR with hip flexion until 8 Wks

#### CPM

- CPM X 3 Weeks starting at 0-45 degrees; Advance by 5-10 degrees/day as tolerated
- 1-2 Hrs at a time, 2-3 xs/day

### Phase I: 0-6 Weeks Early Recovery and Protection

#### Week 1:

- Ankle Pumps, Quad Sets, Tib Ant Isometrics - supine and prone
- Stationary Bike (Minimal to no Resistance)-do not flex hip past 90; do not clip into pedals;
- Lie prone (on stomach) 1-2 hours a day/night
- Walking with crutches & brace with foot flat pattern and 20 lbs pressure only
- CPM 4-6 hours a day
- ICE, ICE, ICE

#### Week 2-3: (Begin Formal Physical Therapy)

- STM ITB, hip flexors, lumbar, quad, hamstrings as needed
- Hip isometrics – extension, adduction
- Leaning over edge of table-hip extension with holds (neutral only)
- Quadruped Rocking Forward/Back only to neutral, cat/camel with TA activation
- Uninvolved Knee to Chest
- Prone Resisted Hamstrings
- Heel slides
- Stretching hip flexor, quad & hamstrings

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**Week 4-6:**

- Focus on core strengthening with minimal activation of hip flexors
- Supine hip passive log roll
- Isometric hip flexion (pain free & sub max)
- Isotonic adduction
- May continue massage/Active Release Technique as needed; Scar Mobs if needed
- Quadriceps strengthening
- Cardiovascular – UBE and upper body weight training following precautions

**Phase II: 7-12 Weeks Progression**

**Weeks 7-9:**

- Progress hip ROM but mindful isolated gluteal stretch or motion
- Quadruped IR/ER Isometrics
- Double Leg Bridge in range as patient is able
- Weight shifting onto involved LE & Gait training for proper pattern without crutches- NO treadmill
- Pain free/Normalized Gait Pattern; NO treadmill; Full Range of Motion at hip
- Start Partial/Mini Squats
- Continue stationary bike but may start to add resistance
- Isometric abduction and then may progress to active supine to then standing hip abduction
- Progress hip flexors with resistance from extension to neutral flexion only
- Leg Press (Limited Weight)-double leg progressing to single leg
- Can do aquatic exercises if all incisions completely healed

**Weeks 10-12:**

- Double Leg Bridging (with spri band around knees)
- Side Bridges-watch for hip flexor over activation; progress from knees if needed
- Progress strength of hip in all planes
- Manual Long Axis Distraction-progressing to Gr III and IV as needed
- Manual A/P Mobilizations-progressing to Gr III and IV as needed
- Side Steps
- Side lying hip abduction (week 12)
- Proprioception Balance Training – Bilateral
- Hip Flexor, Glute/Piriformis, Hamstring and IT-Band Stretching - Manual and Self
- Add prone ball work to upper back/scapular stabilizers
- Continue to progress core strength

**Phase III: 13-2 Weeks: Advanced Phase**

**Weeks 13-16:**

- Single Leg Balance/Stability Exercises (Foam/Dyna Disc)
- Advanced Bridging/Lumbopelvic Stabilization Progression
- Progress to single leg bridge as able
- Single Leg Partial Squats, Bird Dog on stable surface
- Sidelying Clams (ER)-as able with no anterior hip pain; resistance as able
- Proprioception Balance Training: Progress Unilateral and then unstable surface
- Can add some resistance to stationary bike (do not clip in)
- May perform massage/Active Release Technique as needed; Scar Mobs if needed

**Weeks 17-20:**

- Lunges and Lunges with Trunk Rotation; progress single leg work
- Progress Lower Extremity & Core Strengthening on stable and unstable surfaces

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- Progress Dynamic Balance Activities
- Progress to patient being able to perform low-impact aerobic activity for 30 minutes
- Elliptical Runner/Stairmaster (If Tolerated and no anterior hip pain)
- Water Jogging (If Tolerated)

**Week 21-23:**

- Progress Agility Drills; begin return to run program at 4-5 months
- Plyo progression after successfully tolerating return to run a few weeks
- Side Shuffles (Increase Speed)
- Stutter Step - Smooth Forward/Backward Push Offs
- Golf Progression
- Side to Side Lateral Agility with Sportcord
- Forward/Backward Sportcord Running (near 20 weeks)

**Phase IV: 24+ Weeks: Sports Specific Training/Testing**

**Weeks 24-28:**

- Z-Cuts, W-Cuts, Cariocas
- Multi-planar weight bearing sport-specific exercises
- Sport Specific Drills

**Testing 24-32 Weeks: Return to Sport/Work Guidelines**

- Based on MD Approval
- Full Pain free ROM
- Hip Strength Greater than 85% of the Uninvolved Side
- Ability to Perform All Sport Specific Drills at Full Speed without Pain
- Appropriate Completion of All Functional Testing