

Open Gluteus Medius/Minimus Repair or Reconstruction Rehabilitation Protocol

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Diagnosis: Gluteus Medius / Minimus Tear, Trochanteric Bursitis

Brace: 0° extension, 90° of flexion, neutral rotation, and 20° of abduction. The brace is used 24/7 for 3 weeks following surgery. The brace can be removed to shower and to go to the bathroom. After 3 weeks, ok to remove the brace when sleeping, lying on stomach, using ice machine, and relaxing in a seated position, but brace should be worn while ambulating. Brace will be discontinued at 6-8 weeks when you are off crutches/walker.

Phase I: Weeks 1-4 (Home)

- Flat foot weight bearing with crutches/walker - avoid sitting/standing in same position for >30-45 minutes
- Hip Isometrics – quad, glute and core sets
- DVT prevention – ankle pumps, leg elevation, Aspirin 2x daily (every 12 hours)

Phase II: Weeks 4-6

- Initiating PT: Provide home exercise program – will also be discussed prior to surgery by clinical team
 - Begin at week **4 post-op** for **arthroscopic/endoscopic** glute repair
 - Begin at week **6 post-op** for **open** glute repair
- Gait training PWB with assistive device
 - 20 pounds through 4-6 weeks, progress between 4-6 weeks or 6-8 weeks
 - **NOTE:** Clinical team will provide a timeframe with which to advance
- Progress with passive hip flexion >90°
 - Other hip passive ROM
 - **No aggressive abduction or ER**
- Exercises: Isometrics (quad/glute/core sets), supine bridges, isotonic adduction
 - Progress core strengthening (avoid hip flexor tendonitis)
 - Progress with hip strengthening – start isometric sub max pain free hip flexion (3-4 wks)
 - Quadriceps strengthening
 - Aqua therapy in low end of water (if incisions healed)
 - **NO** open chain glute exercises
- **NO** deep tissue manipulation at the site of incisions

Phase III: Weeks 6-8

- Continue/advance phase II exercises
- Progress to WBAT
- Progressive hip ROM

- Progress strengthening LE – hip isometrics (abduction) with progression to isotonic, knee isokinetics (flexion/extension)
 - Bilateral leg presses, bilateral cable column rotations
 - Core strengthening
 - Proprioception/balance (balance board/single leg stance)
 - Elliptical
 - **NO** open chain strengthening required

Phase IV: Weeks 10-12

- Continue/advance phase III exercises
- Progressive hip ROM and progressive strengthening
 - Hip PREs and hip machine
 - Unilateral leg press, cable column rotations, hip hiking, step downs
 - Hip flexor, glute/piriformis, and IT band stretching (manual and self)
- Progressive balance and proprioception
 - Bilateral → unilateral → foam → dynadisc
 - Treadmill side stepping from level surface holding on progressing to inclines
 - Side stepping with theraband

Phase V: > 12 Weeks

- Progressive hip ROM and stretching
- Progressive LE and core strengthening
- Endurance activities around the hip
 - Advance walking, biking, elliptical tolerance
- Dynamic balance activities
- Patient may wean from PT once achieving goals on own and can be educated on HEP

Other Modalities:

- Electric Stimulation Ultrasound Heat before/after Ice before/after
- Dry needling 3
- Blood flow restriction therapy

Avoid: Deep tissue massage to site of repair (greater trochanter)