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Rehab Protocol for Gluteus Medius Repair

Weeks 1-4: Home

- FFWB with crutches/walker
 - Alternate positions
- Hip Isometrics
 - Quad sets
 - Glute sets
 - Core sets
- DVT prevention and home exercise program
 - Ankle pumps and slides
 - Straight leg raises

Weeks 4-6

- Initiate PT after 4 week postoperative appointment
- Gait training PWB with assistive device
 - 20 pounds through 4-6 weeks
- Progress with passive hip flexion greater than 90 degrees
 - Other hip passive ROM
 - No aggressive abduction or ER
- Isometrics
 - quad sets, glute sets, core isometrics
- 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)

Weeks 6-8

- Continue with previous therapy
- Gait training: increase WBing to 100% by 8 weeks with crutches for some
- Progress with ROM
 - Passive hip ER/IR
- Supine log rolling Stool rotation Standing on BAPS
- Lateral and inferior with rotation

- o Prone posterior-anterior glides with rotation
- Progress core strengthening (avoid hip flexor tendonitis)

Weeks 8-10

- Continue previous therapy
- Progressive hip RO
- Progress strengthening LE
 - o No open chain strengthening required
- Hip isometrics for abduction and progress to isotonics
- Leg press (bilateral LE)
- Isokinetics: knee flexion/extension
- Progress core strengthening
- Begin proprioception/balance
- Balance board and single leg stance
- Bilateral cable column rotations
- Elliptical

Weeks 10-12

- Continue with previous therapy
- 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
 - o Bilateral → Unilateral → foam → dynadisc
 - o Treadmill side stepping from level surface holding on progressing to inclines
 - o Side stepping with theraband

>12 weeks

- Progressive hip ROM and stretching
- Progressive LE and core strengthening
- Endurance activities around the hip
 - o 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
 - o Electric Stimulation Ultrasound Heat before/after Ice before/after
 - o Dry needling
 - o Blood flow restriction therapy
- Avoid
 - o Deep tissue massage to site of repair (greater trochanter)