

Hip Abductor / Gluteus Medius Repair Physical Therapy Protocol

PRE-OPERATIVE PHASE REHABILITATION (“Prehab”)

- Crutch ambulation training
- Hip flexor strengthening
- Core strengthening
- Acclimate to use of BFR cuff

POST-OPERATIVE PHASE – GENERAL GOALS AND GUIDELINES

- May utilize blood flow restriction (BFR) in all stages
- Non-antalgic gait (No pain with walking)
- Increase passive ROM of the affected hip
- Compliance with instructed weight bearing
- No pain at rest
- Home therapy education
- Soft tissue work around portal sites once healed (after Week 2)
- **AVOID:**
 - Active hip abductions and ER
 - Passive hip ER and adduction
 - Excessive external rotation (pointing toes to side)
 - Exercises beyond fatigue/pain
 - Strenuous hip flexion (e.g. straight leg raises)
 - Hip flexor tendonitis

Week 0-6 Primary goals: Regain early motion, protect repair

- Foot-flat weight bearing with hip brace and crutches (25-50% partial weight bearing)
- Stationary bike 20 minutes/day; can increase to 2x/day if tolerable
- Passive ROM exercises of affected hip
 - No flexion past 90 degrees, no passive ADDuction, no active ABDuction
- Supine log rolling
- Iliopsoas stretching (Avoid excessive extension)
- Stool rotations (Hip AAROM ER/IR)
- Modalities as needed

Week 6-9 Primary goals: Progress ROM, increase flexibility

- Include all regimens from week 0-6.
- Weight bearing as tolerated, wean from crutches and brace
 - Do not remove crutches if still ambulating with an antalgic gait
- Increase ROM exercises, avoid excessive flexion
- Piriformis stretching
- Core strengthening (AVOID iliopsoas tendonitis)
- Hip isometric to isotonic exercises
 - **No Flexion Exercises**
 - Abduction, adduction, extension, external rotation, internal rotation
- Blood Flow restriction 2-3x/week
- Scar massage at portal sites
- May begin aqua therapy in low end water once portal sites are healed
 - NO SWIMMING/TREADING
- Proprioception training (Week 4)
 - Balance boards, single leg stance
- Continue with isometrics EXCEPT flexion
 - May begin isometric sub maximum pain free hip flexion at 6 weeks

Week 10-12 Primary goals: full motion, increase overall strength, gait symmetry

- Include all therapy regimens from Weeks 0-9
- Increase ROM as pain allows in all directions
- Hip flexor and IT band stretching
- LOWER EXTREMITY STRENGTHENING
 - Hip flexor isometric exercises (avoid open-chain)
 - Leg press (avoid deep flexion)
- Knee flexion and extension isokinetics
- Bike/Elliptical
- Core strengthening: Planks
- Hip hiking on Stairmaster

Week 13-16 Primary goals: increase overall conditioning, normalize gait

- Include all therapy regimens from Weeks 8-12
- Hip endurance activities
- LE proprioception exercises
- Dynamic proprioception exercises
- Increase LE strengthening
 - Unilateral leg press, hip hikes, eccentric stepdowns
- Continue to improve Hip external rotation and overall ROM
- Soft tissue massage PRN

Week 16+ Primary goals: begin dynamic and sport-specific exercises

- Must have full ROM, normal and painless gait, 4/5 hip strength in all muscle groups
- Include all therapy regimens from Weeks 13-15
- Continue LE strengthening
- Sport-specific agility drills
- May begin treadmill running forward and backward
- Plyometric progression