SEAN P ROBINSON MD

GLUTEUS MEDIUS REPAIR

WEIGHTBEARING: The patient will begin Flat Foot WB post-op through week 5.

At 5 weeks post-op, patient will begin PWB progressing to ~50% bodyweight with crutches or walker.

At week 6, patient may progress to WBAT with continued use of crutches or walker.

Patient may progress to single crutch/cane at week 7 if pain levels are low and there is minimal to no gait deviation.

BRACING: Patient will have an abduction brace to wear for the first 6 weeks

Phase I – Immediate Rehabilitation (weeks 1-5)

Begin therapy post-operative day #10-14
Goals:
- Protection of repaired tissue
- Restore ROM within guidelines.
- Prevent muscular inhibition and gait abnormalities
- Diminish pain and inflammation
- Teach caregiver to perform circumduction 1x/day as appropriate

Precautions:
**DO NOT AGGRESSIVELY PUSH THROUGH PAIN/PINCHING
**Progress cautiously with signs of hip flexor tendonitis, trochanteric bursitis, and synovitis

PROM Restrictions:
- Flexion: Gradually increase hip flexion past 90 degrees AFTER 3 weeks
- ER: 0 degrees x 6 weeks
- Adduction: 0 degrees x 6 weeks
- Extension: 0 degrees x 4 weeks
- Abduction: 25-30 degrees x 3 weeks, then progress as tolerated
- IR: 0 degrees x 4 weeks (once started: do gently, keep pain-free)
- After 6 weeks – ROM as tolerated

Initial Exam Suggestions:

o PROM supine hip flexion
- Manual Treatment: long axis traction with circumduction (for circulating synovial fluid and, therefore, cartilage health), long axis traction with gentle PROM abduction, PROM flexion in PAIN/PINCH FREE ranges
- HEP given at initial evaluation: hamstring stretch, single knee to chest, quad sets, ankle pumps, glut sets at 25% effort

Weeks 1-3:
- PROM to hip within ROM guidelines – avoid pain/pinch: long axis traction with circumduction, long axis traction with gentle abduction, PROM flexion
- Exercises: hamstring stretch, single knee to chest, prone quad stretch, quad sets, ankle pumps, glut sets at 25% effort, transverse abdominal activation, hip adduction isometrics

- Consider adding stationary bike without resistance at 3 weeks, maximizing seat height to avoid psoas irritation
- Manual Considerations: scar massage, STM/MFR to: iliopsoas, TFL, ITB, hip adductors, quadratus lumborum, paraspinals. Avoid pressure to the gluteus medius tendon.
- Modalities for pain control and swelling as appropriate

Weeks 4-5:
- Continue with previous exercises and manual techniques
- PROM: Add IR and extension at 4 weeks post-op. Consider manual hip flexor stretching (gentle, no pain). Continue to progress flexion to full range (gentle, no pain).
- Exercises: As tolerated, add an off edge of table hip flexor stretch (provide assistance to get in/out of stretch as needed to minimize pain); sub-max, pain-free hip flexion – avoid hip flexor tendonitis; quad and hamstring isotonic exercises

- WEEK 5, begin PWB with maximum of 50% bodyweight with crutches or walker. Be conscious of amount of activation of gluteus medius during the gait cycle with regards to fatigue and pain levels.

Phase II – Intermediate Rehabilitation (weeks 6-12) Criteria for progression to Phase II:

Goals:
- Protection of repaired tissue
- Restore full hip ROM – **ROM must come before strengthening**
- Restore normal gait pattern
- Progressive strengthening of the hip, pelvis and lower extremities with focus on functional strengthening for ADL performance.

Precautions:
- Progress to WBAT at 6 weeks with walker or crutches if pain levels are low and there is minimal gait deviation. If clinically appropriate, the patient may progress to ambulation with single crutch/cane at 7 weeks postoperatively.
- No forced/aggressive stretching of any muscles

Weeks 6-12:
- At 6 weeks post-op, initiate ER PROM. Continue PROM in all planes to tolerance as needed.
- At 6 weeks post-op, add prone IR/ER and BKFO stretches to patient tolerance.
- Progress to Full WB with minimal pain and minimal gait deviations prior to initiating full weight bearing strengthening.
- Stationary biking: increase resistance as tolerated. Elliptical can be initiated at week 10 for patients with very low pain levels who are no longer challenged by the bike.
- Initial strengthening: Progress into weight bearing exercises as tolerated with focus on strengthening supporting musculature with limited gluteus medius involvement. Consider: core stabilization, hamstring curls, LAQ, bridges, shallow mini-squatting, step ups, standing hip abduction/extension with slow progressions of gluteus medius activation.
- Progress strengthening and proprioception exercises as tolerated to: clam shells, single leg balance, lateral step ups, non-resisted sidesteps, eccentric tap downs, with caution regarding cumulative activity of gluteus medius.Single leg hip abduction can be added no sooner than 10 weeks postop due to the intensity of gluteal activation this exercise involves.

Phase III – Advanced Rehabilitation
Weeks 12-16
Criteria for progression to this level of Full ROM
o Pain free, normal gait pattern
o Hip flexor and glut med strength 4/5 or better
o Hip add, ext and IR/ER strength of 4+/5 or better

Exercises:
o Maintain all ROM and flexibility of all muscle groups with self-stretching/home program
o Progress core, hip, LE strength and endurance. Focus on functional strength gains at this phase.
o Increase gluteus medius strengthening
o Resisted side steps, lateral movements
o Wall squats
o Lunges (multi-angle)
o Advanced single leg balance/core; deadlift, pelvic drop o Side bridge/plank