

Gluteus Medius/Minimus Repair +/- Labral Debridement Protocol

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This protocol provides general guidelines for initial stage and progression of rehabilitation according to specific time frames, related tissue tolerance and directional preference of movement. The intent is to provide the therapist with a general framework.

General Guidelines:

Normalize gait pattern with brace and crutches

Weight-bearing: 20 lbs flat foot weight bearing in brace (6 weeks)

Precautions: No active abduction or active IR, or passive adduction (6 weeks)

Frequency of Physical Therapy:

Seen post-op 2 weeks

2-3x/week for 6 weeks

Weeks 0-4:

- Scar massage
- Hip PROM
- Hip flexion as tolerated
- Log roll
- No passive ER (4 weeks)
- Stool stretch for hip flexors and adductors
- Quadruped rocking for hip flexion
- Hip isometrics
- Hip extension, adduction (active as tolerated)
- Hamstring isotonic
- Pelvic tilts
- NMES to quads with SAQ with pelvic tilt
- Modalities

Weeks 4-6:

- Continue with previous therapy/scar massage
- Gait training PWB with assistive device and no Trendelenburg gait with 20 lbs through 6 weeks
- Stool rotations IR/ER (20 degrees)
- Supine bridges
- Isotonic adduction
- Progress core strengthening (avoid hip flexor tendonitis)
- Progress with hip strengthening
- Start Isometric sub max pain free hip flexion (4 weeks)
- Quadriceps strengthening



-Aqua therapy in low end of water

Weeks 6-8:

- Continue with previous therapy
- Gait training: increase weight bearing to 100% by 8 weeks with crutches and no Trendelenburg gait
- progress with ROM
- Passive hip ER/IR: stool rotation ER/IR as tolerated. Standing on BAPS. Prone hip ER/IR
- Hip Joint mobs with mobilization belt if needed
- Lateral and inferior rotation: Prone posterior-anterior glides with rotation
- Progress core strengthening and avoid hip flexor tendonitis

Weeks 8-10

- Continue previous therapy
- Wean off crutches (2-1-0) without Trendelenburg gait and normalized gait
- Progress hip ROM
- Progress strengthening LE
- Hip isometrics for abduction and progress to isotonics
- Leg press (bilateral): 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
- Progress hip ROM
- Progress LE and core strengthening
- Hip PREs and hip machine: Unilateral Leg press, Unilateral cable column rotations, step downs
- Hip flexor, glute/piriformis, and IT band stretching, manual and self
- Progress balance and proprioception bilateral/unilateral, foam, dynadisc
- Treadmill side stepping form level surface holding on progressing to inclines until Glut. Medius has good strength
- Side stepping with Theraband
- Hip hiking on stair-master (week 12)

Weeks 12+:

- Progressive hip ROM and stretching
- Progressive LE and core strengthening
- Endurance activities around the hip
- Dynamic balance activities
- Treadmill running program
- Sport specific agility drills and plyometrics

3-6 months Re-evaluate (criteria for discharge)

- Hip Outcome score

- Pain free or at least manageable level of discomfort
- MMT within 10 percent of uninvolved LE
- Biodex test of Quadriceps and Hamstrings peak torque within 15 percent of uninvolved
- Step down test