Boulder Centre for Orthopedics & Spine
Your Life in Motion

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GLUTEUS MEDIUS/MINIMUS REPAIR

POST OPERATIVE PROTOCOL

	Time Frame (Weeks)	Guidelines	Goals
PHASE I	0 to 6	**WEIGHT BEARING:** TTWB x 6 weeks for full thickness repair; TTWB x 4 weeks for partial thickness repair (per MD instructions) **BRACE:** Hip brace set 30-75 of hip flexion for same amount of time as crutch use (4 or 6 weeks based on repair) **ROM:** • Flexion 0°-90° x 2 weeks progressing to 120˚ by week 3 • Extension 0° • Internal rotation- work for full range at 0° and 90° • Abduction 0°-45° • No ER or Adduction x 6 wks **EXERCISE PROGRESSION** • Lie on stomach 2 or more hours a day • Stationary bike with no resistance immediately as tolerated • Pool program 75% unweighted may begin at 1 week • Glute, quadriceps, hamstring isometrics (2x/day): Immediately as tolerated • Hip PROM (2x/day) flexion, abduction, IR supine at 90° and prone at 0° • Hip circumduction • Initiate basic core: pelvic tilting, TVA/breathing re-education • Quadriceps Stretching in prone • Quadruped rocking **beginning POD 28** **MANUAL INTERVENTION** • Scar mobilization • STM to quad, ITB, hip flexors, glutes, hip adductors/ abductors/rotators • Continue work on ROM as outlined above **POOL PROGRAM:** • May begin deep water pool walking at 1 week if incisions well covered with tegaderm	• Reduce inflammation • Decrease pain **PHASE II PROGRESSION CRITERIA:** • Mobility within limitations • Early restoration of neuromuscular control • 6 week Follow-up Exam with surgeon
PHASE II	6 to 10	**EXERCISE PROGRESSION** • Bridging double and single • Supine dead bug series • Pelvic Tilt Series • Physical Therapy & Sports Performance • Quadruped hip extension series • Standing open and closed chain multi-plane hip (avoid resisted hip abduction at this time) • Step-up progression • Squat progression • Heel raises • Stationary biking • Single limb stance progression **MANUAL INTERVENTION** • Scar mobilization • STM to quad, ITB, hip flexors, glutes, hip adductors/ abductors/rotators • Continue work on ROM (FABER, flexion, abduction, IR, ER) • LE stretching program (avoiding ITB and Piriformis) **POOL PROGRAM:** • May begin swimming with pool buoy at 8 weeks	• Begin PWB as tolerated with goal to wean off crutches (1-2 wk process) • Normal gait • Normal single limb stance • Full ROM • Improve LE muscle activation, strength and endurance **PHASE III PROGRESSION CRITERIA** • Flexion, ER and IR ROM within normal limits • Normal Gait • No Trendelenberg with Single Leg Stance/descending stairs • Normal bilateral squat

	Time Frame (Weeks)	Guidelines	Goals
PHASE III	10 to 20	**EXERCISE PROGRESSION** • Sidelying hip abduction • Standing internal/external rotation strengthening (use stool) • Continue with muscle activation series (quadruped or straight leg series) • Introduce movement series to increase proprioception, balance, and functional flexibility • Progress core program as appropriate • Advanced glute and posterior chain strengthening • Leg press and leg curl • Squat progression (double to single leg: load as tolerated) • Lunge progression • Step-up Progression • Walking program • May swim using flutter/dolphin kick at 10 weeks • Outdoor biking- discuss with surgeon and PT • Implement full LE stretching program as tolerated **CV EXERCISE:** • May begin elliptical and stair climber at 12 weeks • May begin return to run program if phase 4 criteria are met (~6 months) **MANUAL INTERVENTION** • Continue soft tissue mobilization as needed particularly glutes, adductors, hip flexors, abduc-tors • Gentle joint mobilizations as needed for patients lacking ER or FABER ROM • May begin trigger point dry needling for glutes, quads, ad-ductors NO HIP FLEXOR TDN until Week 8. • Assess FMA and begin to address movement dysfunctions	**PHASE IV PROGRESSION CRITERIA** • 5-6 months post-op • Hip abduction and extension strength 5/5 • Single Leg Squat symmetrical with uninvolved side • Full Pain-free ROM
PHASE IV	20+	**EXERCISE PROGRESSION** • Maintain muscle activation series, trunk, hip and lower ex-tremity strength and flexibility pro-gram • Introduce and progress plyometric program • Begin ladder drills and multidirectional movement • Begin Interval running program • Field/court sports specific drills in controlled environment • Pass sports test • Non-contact drills and scrimmaging – must have passed sports test- refer to specific return to sport program • Return to full activity per physician and passing PT sport test **CRITERIA FOR RETURN TO PLAY** • Continue soft tissue mobilization as needed particularly glutes, adductors, hip flexors, abduc-tors • Gentle joint mobilizations as needed for patients lacking end range FABER ROM • Trigger point dry needling for glutes, TFL, quads, adductors, iliopsoas, iliacus may continue to benefit patients with tightness or mild ROM restrictions	• Return to full activity