

Gluteus Medius Repair - Post-operative Physical Therapy Protocol*

Name _____ Today's Date _____

Diagnosis _____ Surgery Date _____

Frequency: 2 times per week

Side: R / L

Evaluate and Treat

PROCEDURE PERFORMED:

FAI: Femoral osteochondroplasty (29914); Pincer acetabuloplasty rim trimming (29915)

Labrum: Repair (29916) [location ____ o'clock to ____ o'clock]; Reconstruction (29916)

Capsule: Repair/plication (29999);

Articular cartilage: Microfracture (29862)

Ligamentum teres: Debridement (29999); Reconstruction (29999)

Extra-articular soft tissue: Iliopsoas release (27036); ITB release (27036)

Peritrochanteric space: Trochanteric bursectomy (27062); Gluteus medius/minimus repair (27385)

AIIS (subspine): Decompression osteoplasty (29999)

GENERAL PRINCIPLES

- This protocol is written for the treating physical therapist and is not a substitute for a home exercise program
- Post-operative rehabilitation is just as important as the surgery itself
- A "hands-on" approach utilizing manual therapy is vital to success
- This protocol is a guideline for the first 3 months after surgery
- Patients may progress through rehab at different rates, so do not push through pain
- Use clinical decision making to guide patient care
- Patient education is extremely important component of successful rehab
- When weaning off crutches from two to one, use crutch in arm opposite the surgical hip

*Courtesy: Shane J. Nho, MD. Hip arthroscopy. Rush University Medical Center. Chicago, IL, USA.

PHASE 1: Protection Phase (0 - 6 weeks)

- Weight-bearing, with crutches, walker, or assistive gait aide
 - Foot-flat weight-bearing (FFWB) ~20 pounds pressure
 - Best to determine with patient ~20 pounds pressure before surgery
- AVOID:
 - Active hip abduction, passive hip adduction
 - Sitting in a chair or seat for more than 30 minutes at a time for first 2 weeks (hip flexor tightness)
- PRECAUTIONS:
 - Avoid hip flexor (iliopsoas) tendonitis
 - Avoid irritation of lateral hip - TFL, ITB, trochanteric bursa, abductors (gluteus medius/minimus)
 - Avoid low back pain and SI joint pain from compensatory patterns - emphasize good form/control
 - Manage scarring/adhesions around portal sites with scar massage
 - Do not push through pain
- PASSIVE RANGE-OF-MOTION:
 - Supine passive hip flexion: slowly flex hip to 90 degrees with knee bent, avoid pain or pinch at anterior hip. Perform 30 reps.
 - Supine passive abduction: slowly abduct hip to tolerance while keeping neutral hip rotation. Perform 30 reps.
 - Quadruped rocking: assume hands and knees position. Keep pelvis level and back flat, slowly rock forward (pelvis and hips nearly over hands) and backward (pelvis and hips over knees). Do not flex hip more than 90 degrees until ROM restrictions lifted at 3-4 weeks.
 - Stationary bike: 20 minutes; up to 2 sessions per day
- STRENGTHENING:
 - Begin the week of surgery:
 - Hip isometrics [extension, adduction, external rotation (all in isolation)] and hamstring isotonic
 - Begin at 4 weeks post-op:
 - Core strengthening, supine bridges, quad strengthening, hip flexion
- MANUAL THERAPY:
 - Scar massage of portal incisions x 5 minutes (begin post-op day 2)
 - Soft tissue mobilization x 20-30 minutes
 - Begin on post-op day 4
 - Begin with superficial techniques to target superficial fascia
 - Progress depth of soft tissue mobilization using deep tissue massage, effleurage, petrissage, strumming, perpendicular deformation, and release techniques (including ART)
 - Anterior:
 - Hip flexors
 - Rectus femoris
 - Inguinal ligament
 - TFL
 - Sartorius
 - Lateral:
 - ITB
 - Gluteus medius
 - Iliac crest, ASIS
 - Medial:
 - Adductors
 - Medial hamstring
 - Pelvic floor
 - Posterior:
 - Gluteus maximus
 - Gluteus medius/minimus
 - Deep hip ER's (gemelli, obturators, quadratus femoris)
 - SI joint, PSIS
 - Sacral sulcus
 - Erector spinae
 - Quadratus lumborum
- BRACE:
 - Brace on with walking

PHASE 2: (6-8 weeks)

- Continue with previous activities
- Gait training
 - Increase weight-bearing from 6 to 8 weeks with use of crutches, walker, or assistive gait aide
- Progress ROM as tolerated
 - Especially IR and ER
- Continue core strengthening
 - Avoid hip flexor tendonitis
- AVOID:
 - Sitting in a chair or seat for more than 30 minutes at a time for first 2 weeks (hip flexor tightness)
- PRECAUTIONS:
 - Avoid hip flexor (iliopsoas) tendonitis
 - Avoid irritation of lateral hip - TFL, ITB, trochanteric bursa, abductors (gluteus medius/minimus)
 - Avoid low back pain and SI joint pain from compensatory patterns - emphasize good form/control
 - Manage scarring/adhesions around portal sites with scar massage
 - Do not push through pain
- Manual Therapy:
 - Continue to use manual therapy including soft tissue and joint mobilizations to treat specific motion limitations and joint tightness
 - Soft tissue mobilization to address any soft tissue stiffness at surgical sites, especially pinching at the anterior hip
 - Address any lumbar or pelvic dysfunction utilizing manual therapy when indicated

PHASE 3: (8-10 weeks)

- Continue with previous activities
- Gait training
 - Wean off crutches from 2 to 1 to 0
 - Ensure normal gait by 10-12 weeks
- Progress to full symmetric PROM and AROM
- Progress strengthening:
 - Begin isometrics for hip abductors
 - Bilateral low weight leg press
 - Continue quadriceps and hamstring strengthening
 - Core
- Begin balance and proprioceptive training
 - BOSU ball
 - Balance board
 - Single leg stance
- Begin elliptical

PHASE 4: (10-12 weeks)

- Continue previous activities
- Ensure normal gait
- Ensure full ROM
- Progress strengthening:
 - Begin low weight unilateral leg press
 - Begin step-downs
- Stretching program:
 - Begin IT band
 - Begin abductors
 - Begin gluteus maximus
- Continue proprioception and balance training
- Begin side-stepping with theraband

PHASE 5: (12 weeks and beyond)

- Continue previous activities
- Ensure normal gait
- Ensure full ROM
- Continue to work on strengthening
- Continue to work on muscular endurance
- May begin jogging, running
- May begin sport-specific drills if jogging, running progress without complication

Comments:

Signature _____ Date _____