

Dr. Craig Chike Akoh, MD
GLUTEUS MEDIUS REPAIR
REHABILITATION PROTOCOL

Weeks 1-4: Home PT

- TDWB with crutches/walker with abduction brace (set at 0-90 deg flexion, 30 deg abduction)
- Alternate positions
- Hip Isometrics
- Quad sets
- Glute sets
- Core sets
- DVT prevention
- Ankle pumps
- Leg elevation
- NO ACTIVE HIP ABDUCTION OR PASSIVE ADDUCTION

Weeks 4-6:

- Initiate PT at week 4 (for arthroscopic/endoscopic glute med repair)
- Initiate PT at week 6 for open glute med repair
- Gait training PWB with assistive device
- 20 pounds through 4-6 weeks, progress between 4-6 weeks or 6-8 weeks (Dr. Akoh will clarify)
- Progress with passive hip flexion greater than 90 degrees
- Other hip passive ROM
- NO AGGRESSIVE ABDUCTION OR EXTERNAL ROTATION
- Isometrics
- quad sets, glute sets, core isometrics
- Supine bridges
- Isotonic adduction
- Progress core strengthening (avoid hip flexor tendonitis)

- Progress with hip strengthening
- Start isometric sub max pain free hip flexion(3-4 wks)
- Quadriceps strengthening
- Aqua therapy in low end of water (if incisions healed)
- MMI is usually at 12 months post-op

Weeks 6-8:

- Continue with previous therapy
- Gait training: increase WBing to 100% by 6 weeks (arthroscopic repair) or 8 weeks (open repair)
- Progress with ROM
- Passive hip ER/IR
- Supine log rolling Stool rotation Standing on BAPS
- Lateral and inferior with rotation
- Prone posterior-anterior glides with rotation
- Progress core strengthening (avoid hip flexor tendonitis)

Weeks 8-10:

- Continue previous therapy
- Progressive hip ROM
- Progress strengthening LE
- No open chain strengthening required
- Hip isometrics for abduction and progress to isotonics
- Leg press (bilateral LE)
- 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
- Progressive hip ROM
- Progressive LE and core strengthening
- Hip PREs and hip machine
- Unilateral Leg press
- Unilateral cable column rotations
- Hip Hiking
- Step downs
- Hip flexor, glute/piriformis, and It-band Stretching – manual and self
- Progress balance and proprioception
- Bilateral → Unilateral → foam → dynadisc
- Treadmill side stepping from level surface holding on progressing to inclines

>12 weeks:

- Progressive hip ROM and stretching
- Progressive LE and core strengthening
- Endurance activities around the hip
- Advance walking, biking, elliptical tolerance
- Dynamic balance activities
- Patient may wean from PT once achieving goals on own and can be educated on HEP

Other Modalities:

- Electric Stimulation Ultrasound Heat before/after Ice before/after
- Dry needling
- Blood flow restriction therapy
- Avoid seep tissue massage to site of repair (greater trochanter)