

DR. JOHN AWOWALE  
GLUTEAL TENDON REPAIR POST-OP THERAPY PROTOCOL

**Phase 1 – Early Protective Phase (0-2 weeks)**

Goals for Phase 1	Criteria for Progression to Phase 2
<ul style="list-style-type: none"> <li>Minimize pain and inflammation</li> <li>Protect integrity of the repair</li> <li>Initiate hip PROM and AROM within limitations</li> <li>Emphasis on compliance to HEP and weight bearing precautions</li> <li>Restore normalized gait pattern with assistive device</li> </ul>	<ul style="list-style-type: none"> <li>Pain is well controlled</li> <li>Normalized gait pattern with assistive device</li> </ul>

**Home Instructions**

- Keep surgical dressings clean and dry
- Avoid getting sutures wet until at least 5 days after surgery (do not scrub, soak, or submerge the incisions)
- Note DVT (blood clot) prophylaxis medications provided by your surgeon to take following surgery – follow the instructions carefully

**Brace**

- Brace worn for 6-8 weeks

**Weight Bearing**

- 25% partial weight bearing with assistive device
- Gait/assistive device training

**PROM**

- Grade 1 log roll and circumduction mobilization for gentle range of motion
- Gentle PROM
  - Hip flexion to 90 degrees
  - Hip abduction as tolerated
  - Hip extension to neutral
  - No** passive hip adduction, external rotation, or internal rotation

**AROM**

- No** hip abduction, external rotation, or extension x 6 weeks

**Manual Therapy**

- Grade I,II joint mobilization; Soft tissue mobilization (gentle scar massage and hip flexor massage)

**Strengthening**

- Hip isometrics in extension and adduction; quad sets and hamstring sets; lower abdominal activation, long arc, short arc quad

**Aquatics**

- Phase 1 aquatics once incisions are healed
- Consider aquatics to normalize gait

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**Phase 2 – Intermediate Phase (2-6 weeks)**

<b>Goals for Phase 2</b>	<b>Criteria for Progression to Phase 3</b>
<ul style="list-style-type: none"><li>• Control pain and inflammation</li><li>• Promote healing</li><li>• Continue with physical therapy and range of motion</li><li>• Wean from crutches by 8 weeks</li><li>• Minimize strength loss</li></ul>	<ul style="list-style-type: none"><li>• Minimal pain with phase 2 exercises</li><li>• Minimal pain or gait deviation with 50% weight bearing using assistive device</li></ul>

**Home Instructions**

- Restore normal activities of daily living

**Brace**

- Continue with use of brace

**Weight Bearing**

- Gradually progress toward 50% weight bearing at 4 weeks with assistive device

**PROM**

- Continue log roll and circumduction mobilization
- Hip external rotation, internal rotation, and adduction limited to neutral

**AAROM**

- Hip abduction and hip internal rotation
- Quadruped rocking

**AROM**

- Hip flexion as tolerated
- Avoid abduction, extension, and external rotation x 6 weeks

**Manual Therapy**

- Hip flexor stretching
- Modified Thomas position
- Pain dominant hip mobilization
- Soft tissue mobilization
- Avoid aggressive hip external rotation mobilization

**Strengthening**

- Continue Phase 1 exercises as appropriate
- Quadriceps and hamstring isotonic exercises
- Sub-maximal hip isometrics
- Quadruped rocking
- Supine bridges

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**Phase 3 – Intermediate Phase (6-12 weeks)**

Goals for Phase 3	Criteria for Progression to Phase 4
<ul style="list-style-type: none"> <li>Minimize pain and inflammation</li> <li>Normalize gait</li> <li>Initiate gradual strengthening</li> <li>Restore full hip PROM</li> <li>Perform ADL's with minimal pain or compensation</li> </ul>	<ul style="list-style-type: none"> <li>Minimal to no pain with ADLs</li> <li>Full PROM</li> <li>No Gait Compensation</li> </ul>

**Home Instructions**

- Restore normal activities of daily living
- Gradually progress walking on level surfaces

**Weight Bearing**

- Advance weight bearing gradually with goal to wean from crutches and brace between 6 – 8 weeks
- Continue with brace and wean from crutches at a slower rate if patient continues to demonstrate a limp

**PROM**

- PROM as tolerated
- Continue stretching of hip musculature based on limitations – manual and self-directed

**AROM**

- Abduction, extension, external and internal rotation as tolerated
- Progress to light resistance when able to perform without pain or compensation through full available motion

**Manual Therapy**

- Stiffness dominant hip joint mobilizations (grades 3-4)

**Strengthening**

- Gradually progress as tolerated starting with low intensity strengthening
- Progress closed chain strengthening activities from double to single leg:
  - Squats
  - Leg press
  - Step, step down progression.
- Hip strengthening progression from AROM -> Resisted Strengthening
- Progress side stepping without resistance to resistance
- Continue with quadriceps and hamstring strengthening
- Balance and proprioception – start bilaterally

**Cardiovascular**

- Stationary bike
- Gradual progression of walking distance and duration
- Consider continued aquatic exercise for increasing activity tolerance

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**Phase 4 –Advanced Strengthening (12 weeks – 6 months)**

Goals for Phase 4	Criteria for Progression to Phase 5
<ul style="list-style-type: none"> <li>Minimize pain</li> <li>Full AROM</li> <li>Improve muscle strength and endurance.</li> <li>Return to previous level of function and activity.</li> </ul>	<ul style="list-style-type: none"> <li>Lower extremity strength</li> <li>&gt;80% of involved limb</li> <li>No pain</li> <li>Single leg balance &gt; 30 seconds without pain or compensation</li> <li>Able to perform single leg side step down on 12" step without pain or compensation.</li> </ul>

**Weight Bearing**

- Focus on gait normalization and symmetry

**ROM**

- Restore full PROM and AROM

**Manual Therapy**

- Continue stiffness dominant hip mobilization (grades 3-4) as needed
- Continue stretching

**Strengthening**

- Gradually progress strengthening of hip abductors/adductors
- Progress depth and intensity of closed chain strengthening activities:
  - Lunges
  - Leg press
  - Step ups
  - Step downs
  - Deadlift
- Continue to advance LE strengthening and flexibility
- Advance core stability and strength

**Cardiovascular**

- Gradually progress intensity and duration of cardiovascular exercise
- Outdoor cycling, elliptical training, rowing

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**Phase 5 – Return to Impact Activities (6+ months)**

**Goals for Phase 5**

- Regular performance of advanced strengthening activities
- Increasing volumes of work and weight bearing activities
- Return to patient preferred activities

**Range of Motion and Strength**

- Continue with regular advanced strengthening and range of motion exercises
- Return to normal gym program

**Agility**

- Initiate light impact activities only after criteria are met
  - Plyometrics
  - Jogging
- Balance and proprioception progression to single leg as tolerated

**Criteria for Return to Dynamic Function, Sport**

- Full, pain free hip PROM and AROM
- Hip strength > 90% of the uninvolved side
- Lower extremity strength, power, and endurance >90% of the uninvolved side
- Full effort activity (sport or work) – specific drills without pain or compensation
- Successful completion of return-to-sport testing, work hardening, or work specific tasks