

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

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

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

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

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

Phase 2 – Intermediate Phase (2-6 weeks)

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

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

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

Phase 3 – Intermediate Phase (6-12 weeks)

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

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

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

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

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

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

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

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