



# ORTHOPEDICS & SPORTS MEDICINE

BAYCARE CLINIC®

**Dr. Awowale**

## **Gluteal Tendon Repair Protocol Phase 1- Early Protective Phase (0-2 weeks)**

### **Goals for phase 1 (0-2 weeks)**

- 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**

- 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



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

### Goals for phase 2 (2-6 weeks)

- 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

- 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



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

### **Goals for phase 3**

- 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**

- 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 n of walking distance and duration
- Consider continued aquatic exercise for increasing activity tolerance.



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

### Goals for phase 4

- Minimize pain
- Full AROM
- Improve muscle strength and endurance.
- Return to previous level of function and activity.

### Criteria for return to impact activities (Phase 5)

- 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



## 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

### Criteria for return to dynamic function, sport

- Full, pain free hip PROM and AROM
- Hip strength  $\geq$  90% of the uninvolved side
- Lower extremity strength, power, and endurance  $\geq$ 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

### 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.



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**References:**

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