



Gluteus Medius Repair: Post-Operative Rehabilitation Protocol

0-4 Weeks:

- **Non-weight bearing (NWB)** with crutches or walker and brace for 6 weeks.
- **Home Exercises for the first 4-6 weeks:**
 - Change positions every 30-45 minutes.
 - Perform hip isometrics, quad sets, glute sets, and core isometrics.
- **DVT Prevention:**
 - Ankle pumps.
 - Elevate the leg.

4-6 Weeks:

- Continue **NWB** status until 6 weeks post-op.
- Progress with passive hip flexion beyond 90°.
- Continue with passive hip ROM for other motions.
- Avoid aggressive abduction or external rotation (ER).
- Continue isometric exercises: quad sets, glute sets, and core strengthening.
- Perform **supine bridges** and isotonic adduction exercises.
- Progress core strengthening (careful to avoid hip flexor tendonitis).
- Begin **isometric sub-maximal pain-free hip flexion** (weeks 3-4).
- Begin quadriceps strengthening.
- **Aquatic therapy** in shallow water (if incisions are healed).

6-8 Weeks:

- Begin weight-bearing as tolerated (WBAT) progression: start with partial weight-bearing (PWB) at 25%, progress to 50%, and eventually full WBAT by 8 weeks.
- Discontinue the use of crutches or assistive devices once gait is normalized and non-antalgic.
- Discontinue the brace once appropriate.
- Continue to progress with passive and active ROM, including hip ER/IR, and perform **supine log rolling** and **stool rotation** exercises.

- Perform exercises like **standing on a BAPS board**, lateral and inferior movements with rotation, and prone posterior-anterior glides with rotation.
- Continue progressing core strengthening while avoiding hip flexor tendonitis.

8-10 Weeks:

- Continue to improve hip ROM and progress lower extremity (LE) strengthening.
- No open-chain strengthening for the hip at this time.
- Focus on isometric hip abduction and progress to isotonic abduction strengthening.
- Perform bilateral **leg press** and isokinetic exercises (knee flexion/extension).
- Continue to progress core strengthening and begin proprioception/balance exercises, such as balance board training and single-leg stance.
- Begin **elliptical trainer** and progress as tolerated.

10-12 Weeks:

- Continue to progress hip ROM and lower extremity/core strengthening.
- Introduce **hip PREs (progressive resistive exercises)** and machine exercises for the hip.
- Start unilateral leg press, unilateral cable column rotations, and hip hiking.
- Add **step-downs** and hip flexor, glute/piriformis, and IT band stretches (manual and self-stretching).
- Continue progressing balance and proprioception exercises, progressing from bilateral to unilateral exercises, using foam and dynadisc.
- Begin treadmill side stepping on level surfaces, progressing to inclines.
- Perform side-stepping exercises with a theraband.

12 Weeks and Beyond:

- Continue with progressive hip ROM and stretching.
- Progress LE and core strengthening.
- Include endurance activities that focus on the hip.
- Advance walking, biking, and elliptical tolerance.
- Incorporate dynamic balance activities.
- Patient may transition out of physical therapy once they have met goals and are capable of following a home exercise program (HEP).

Exercise Timeline:

- **Initial Exercises (Weeks 1-4):**
 - Alternate positions every 30-45 minutes.
 - Hip isometrics (glute sets, quad sets, and core isometrics).
 - Ankle pumps.
 - Begin crutch weaning and NWB status.
 - Passive ROM (no aggressive abduction or external rotation).

- Hip joint mobilizations (lateral, anterior, inferior).
- Begin strengthening the hip, core, and quads.
- **Weight-Bearing Strength Exercises:**
 - **Weeks 1-4:** Double leg bridges (NWB).
 - **Weeks 5-8:** Single leg bridging, side-lying leg raises, closed-chain abductor strengthening, cable column rotations.
 - **Weeks 9-12:** Single leg deadlifts, bilateral leg press (80-0°), unilateral leg press, lunges (forward, lateral, split squats).
- **Cardiovascular Exercises:**
 - **Weeks 1-4:** Bike with both legs (no resistance, using only the non-operative leg), upper body circuit training.
 - **Weeks 5-8:** Bike with both legs (resistance), aquatic therapy (gait drills if incisions are healed), treadmill side-stepping on level surfaces.
 - **Weeks 9-12:** Swimming, deep water running, elliptical trainer, rowing, stair stepper.
- **Agility Exercises:**
 - **Weeks 1-4:** Running progression (single plane).
 - **Weeks 5-8:** Advance to multi-directional running.
- **High-Level Activities:**
 - **Weeks 1-4:** Golf progression (NWB).
 - **Weeks 5-8:** Outdoor biking, hiking, and running.
 - **Return to Full Sport:** 6-9 months post-op.

Note: Progression through these phases should be based on individual recovery, with all exercises adjusted as necessary under the guidance of your surgeon and physical therapist. Regular follow-ups with the surgical team are crucial to ensure optimal recovery