

Dr. Safran's Rehabilitation Protocol for **GLUTEUS MEDIUS / MINIMUS REPAIR**

General Guidelines/Precautions following surgery

- Weight bearing: 2 crutches, 20 pounds foot flat weight bearing x 6 weeks
- ROM: **NO Active** hip ABduction and ER (gluteus medius) or IR (gluteus minimus)
NO Passive hip IR or ADduction for 6 weeks
- Do not push through pain or pinching, gentle stretching will gain more ROM.
- Use Continuous Passive Motion (CPM) 6 hours/day
- Manage scarring around portal sites

Weeks 0-4

- CPM for 6 hours/day or upright bike (no resistance) for 2 hours/day
- ROM: NO active hip ABduction or IR. NO passive hip ADduction, ER
- PROM: Hip flexion to 90⁰ for 3 weeks, gradually increase after 3 weeks
(do not push through pain)
 - Avoid Active Abduction and IR for 6 weeks
 - Avoid Passive ER and Adduction for 6 weeks
- PROM hip abduction as tolerated
- PROM Hip extension: 0 for weeks 0-3, gradually progress after week 3
- Upright bike NO RESISTANCE (must be painfree, begin ½ circles, progress to full circles)
- Joint mobilization: Grade I oscillations for pain management
- Soft tissue Mobilization:
 - Gentle scar massage
 - Gentle hip flexor
- Gait training: 20 pounds foot flat with assistive device
- Strength:
 - Hip isometrics (Begin at 2 weeks): extension, adduction
 - (Begin at 4 weeks): sub max pain free hip flexion
 - Quad sets, Hamstring sets, Lower abdominal activation
- Modalities for pain control and to reduce swelling

Weeks 4-6

- Continue with previous exercise & limited WB w/ Crutches
- ROM: NO active hip abduction or IR.
 - NO passive hip adduction or ER
 - Begin PROM IR (gentle, no pain)
 - Begin gentle Passive hip flexion beyond 90 degrees (avoid hip flexor tendonitis)
- Joint mobilization: Gr I-II distraction, lateral distraction
- Soft tissue massage
 - Scar, iliopsoas, TFL, ITB, piriformis, QL, lumbar paraspinals, hip adductors
- Strength
 - Progress isometric resistance
 - Quad and hamstring isotonic exercise
 - Quadruped rocking
 - Core strengthening (avoid hip flexor tendinitis)
 - Supine bridges
 - Isotonic ADDuction
 - May start sub max pain free hip flexion
- Stretching
 - Manual hip flexor stretching (gentle, no pain)
 - Modified Thomas position, or pillows under buttock
- Modalities for pain control and to reduce swelling

Weeks 6-8

- Continue with previous exercise
- Gait training: Wean off crutches - increase to 100% with crutches by 8 weeks
- ROM: Passive hip ER/IR, Active assistive hip ER, Active assistive hip abduction, adduction
 - AROM: hip flexion, extension
 - Supine log rolling → progress to Stool rotation then to Standing on BAPS
 - Prone posterior to anterior glides w/ rotation
- Joint mobilization: Perform as needed to gain appropriate ROM
- Soft tissue massage
 - Scar, iliopsoas, TFL, ITB, piriformis, QL, lumbar paraspinals, hip adductors, gluteus medius
- Strength
 - Progress core strengthening
 - Straight leg raise, prone hip extension, supine bridge
 - Hip IR/ER
 - Upright bike with resistance
- Stretching
 - Manual and self hip flexor stretching
- Modalities for pain control and to reduce swelling

Weeks 8-10

- Continue with previous exercise
- ROM: progress A/PROM all directions

- Joint Mobilization: As needed
- Soft tissue massage: As needed
- Strength
 - Hip abduction: Isometrics progression to isotonics
 - Progress LE and core strength and endurance as able
 - Leg press, side stepping, beginning closed chain strength, wobble board balance/taps, Single leg stance
 - Isokinetics – knee flexion / extension
- Begin proprioception/balance activity (2 legs to 1 leg, stable to unstable)
 - Balance Board and single leg stance
- Stretching
 - Manual and self hip flexor stretching
 - May Begin Elliptical training

Weeks 10-12

- Continue with previous exercise
 - ROM: Progressive hip A/PROM
 - Joint Mobilization: As needed
 - Soft tissue massage: As needed
 - Strength: Progressive LE and core strengthening
 - Hip PRES and hip machine
 - Unilateral leg press
 - Hip hiking
 - Eccentric step downs
 - Side stepping (no resistance-theraband starts at week 12)
 - Progress balance and proprioception
 - Bilateral → Unilateral → Foam → Dynadisc
 - Stretching
 - Manual and self: Hip flexor, hip adductors, glute, piriformis, TFL, ITB
- Treadmill Side Stepping:
- Level Surface Holding on → Progress to Inclines

Weeks 12-16 (Advanced Rehabilitation)

Criteria for progression to this level

- Full ROM
 - Painfree, normal gait pattern
 - Hip flexor strength 4/5 or better
 - Hip ABd, ADd, ext and IR/ER strength of 4+/5 or better
- Strength
- Progress core, hip, LE strength and endurance
 - Dynamic Balance
 - Lunges (multi angle)
 - Plyometric progression (Must have good control with all exercises first)
 - Forward/Backward running program (Must have good control with all exercises first)
 - Agility drills (Must have good control with all exercises first)

-Stretching

-Progress self and manual stretches

-Treadmill Running Program

PRECAUTIONS

-No contact activities

-No forced (aggressive) stretching