

Arthroscopic Gluteus Medius Repair with or without Labral Debridement

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Patient Name	Date of Surgery
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Diagnosis: Gluteus medius tear

Frequency: 2-3/week x 4 months

General Guidelines:

- Normalize gait pattern with brace and crutches x 6 weeks
- Weight-bearing: 20 lbs. for 6 weeks
- CPM Machine
 - 4 hours/day or 2 hours if on stationary bike

Rehabilitation Goals:

- Seen post-op day 1
- Seen 1 x/week for 6 weeks
- Seen 2 x/week for 6 weeks
- Seen 2-3 x/week for 6 weeks

Precautions following Hip Arthroscopy:

- Hip flexors tendonitis
- Trochanteric bursitis
- Synovitis
- Manage scarring around portal sites
- Increase range of motion focusing on flexion
 - No active abduction, IR, or passive ER, adduction (at least 6 weeks)

Weeks 0-4:

- CPM for 4 hours/day
- Bike for 20 minutes/day (can be 2x/day)
- Scar massage
- Hip PROM
 - Hip flexion to 90 degrees, abduction as tolerated
 - No active abduction and IR
 - No passive ER or adduction (6 weeks)
- Quadruped rocking for hip flexion
- Gait training PWB with assistive device
- Hip isometrics
 - Extension, adduction, ext rot at 2 weeks
- Hamstring isotonic
- Pelvic tilts
- Neuromuscular electrical stim to quads with short arc quads
- Modalities

Weeks 4-6:

- Continue with previous therapy exercises
- Gait training PWB with assistive device
 - 20 pounds through 6 weeks
- Progress with passive hip flexion greater than 90 degrees
- Supine bridges
- Isotonic adduction
- Progress core strengthening (avoid hip flexor tendonitis)
- Progress with hip strengthening
 - Start isometric sub max pain free hip flexion (3-4 wks)
 - Quadriceps strengthening
- Scar massage
- Aqua therapy in low end of water

Weeks 6-8:

- Continue with previous therapy exercises
- Gait training: increase weightbearing to 100% by 8 weeks with crutches
- Progress with ROM
 - Passive hip ER/ IR
 - Supine log rolling g Stool rotation g Standing on BAPS
 - Hip Joint mobs with mobilization belt (if needed)
 - Lateral and inferior with rotation
 - Prone posterior-anterior glides with rotation
- Progress core strengthening (avoid hip flexor tendonitis)

Weeks 8-10:

- Continue previous therapy exercises
- Wean off crutches (2 g 1 g 0)
- Progressive hip ROM
 - Hip isometrics for abduction and progress to isotonics
 - Leg press (bilateral LE)
 - Isokinetics: knee flexion /extension
- Progress core strengthening
- Begin proprioception/balance
 - Balance board and single leg stance
- Bilateral cable column rotations
- Elliptical

Weeks 10-12:

- Continue with previous therapy exercises
- Progressive hip ROM
- Progressive LE and core strengthening
 - Hip PREs and hip machine
 - Unilateral cable column rotations
 - Hip hiking
 - Step downs
- Hip flexor, glute/piriformis, and IT-band stretching: manual and self
- Progress balance and proprioception
 - Bilateral g Unilateral g foam g dynadisc
- Treadmill side stepping from level surface holding on progressing to inclines
- Side stepping with theraband
- Hip hiking on stairmaster (week 12)

Weeks 12+:

- Progressive hip ROM and stretching
- Progressive LE and core strengthening
- Endurance activities around the hip
- Dynamic balance activities
- Treadmill running program
- Sport specific agility drills and plyometrics

3-6 Months Re-evaluate (criteria for discharge):

- Pt should be pain free with most ADLs
- Advance activity as tolerated
- Teach home program for continue strengthening

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary.

This patient _____ would _____ would not benefit from social services.

Physician Signature

Date

Printed Name