

**Gluteus Medius Repair  
Hip Arthroscopy Rehabilitation  
Gluteus Medius Repair with or without Labral Debridement  
David J. Hergan M.D., M.S.**

General Guidelines:

- Normalize gait pattern with brace and crutches
- Weight-bearing: 20 lbs for 6 weeks
- Continuous Passive Motion Machine
  - 4 hours/day or 2 hours if on bike

Rehabilitation Goals:

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

Precautions following Hip Arthroscopy:

- Weight-bearing will be determined by procedure
- 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)

Guidelines: 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, ER at 2 weeks
- Hamstring isotonic
- Pelvic tilts
- NMES to quads with SAQ

- Modalities

#### Weeks 4-6

- Continue with previous therex
- Gait training PWB with assistive device
  - 20 pounds with 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 therex
- Gait training: increase WBing to 100% by 8 weeks with crutches
- Progress with ROM
  - Passive hip ER/IR
- Supine log rolling -> Stool rotation -> 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 therex
- Wean off crutches (2 -> 1 -> 0)
- Progressive hip ROM
- Progress strengthening LE
  - 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 therex
- Progressive hip ROM
- Progressive LE and core strengthening
  - Hip PREs and hip machine
  - Unilateral Leg press
  - Unilateral cable column rotations
  - Hip Hiking
  - Step downs
- Hip flexor, glute/piriformis, and It-band Stretching – manual and self
- Progress balance and proprioception
- Bilateral -> Unilateral -> foam -> 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 more 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)

- Hip Outcome Score
- Pain free or at least a manageable level of discomfort
- MMT within 10 percent of uninvolved LE
- Biodex test of Quadriceps and Hamstrings peak torque within 15 percent of uninvolved
- Single leg cross-over triple hop for distance:
  - Score of less than 85% are considered abnormal for male and female
- Step down test