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**Rehabilitation for Arthroscopic or Open
Gluteus Medius Repair with or without Labral Debridement**

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 stationary bike for 2 bouts of 20-30 minutes if tolerated

Frequency of Physical Therapy:

- Seen post-op Day 10-14
- 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 (protecting the repair)
- 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 (6 weeks)

Guidelines:

- **Weeks 0-4**

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- CPM for 4 hours/day
- Bike for 20 minutes/day (can be 2x/day) as tolerated
- Scar massage
- Hip PROM
 - Hip flexion as tolerated, abduction as tolerated
 - Log roll
 - No active abduction and IR
 - No passive ER (4 weeks) or adduction (6 weeks)
 - Stool stretch for hip flexors and adductors
- 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 with pelvic tilt
- Modalities
- **Weeks 4-6**
 - Continue with previous therex
 - Gait training PWB with assistive device and no trendelenberg gait
 - 20 pounds through 6 weeks
 - Stool rotations IR/ER (20 degrees)

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- Supine bridges
- Isotonic adduction
- Progress core strengthening (avoid hip flexor tendonitis)
- Progress with hip strengthening
 - Start isometric sub max pain free hip flexion(4 weeks)
 - Quadriceps strengthening
- Scar massage
- Aqua therapy in low end of water
- **Weeks 6-8**
 - Continue with previous therex
 - Gait training: increase Weight bearing to 100% by 8 weeks with crutches
 - Progress with ROM
 - Passive hip ER/IR
 - Stool rotation ER/IR as tolerated → Standing on BAPS → prone hip ER/IR
 - 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) without trendelenberg gait / normal gait

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- Progressive hip ROM
- Progress strengthening LE
 - Hip isometrics for abduction and progress to isotonic
 - 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

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- Treadmill side stepping from level surface holding on progressing to inclines when gluteus medius is with good strength
- 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)**
 - 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
 - Step down test