



Post-Operative Rehabilitation Guidelines: Arthroscopic or Open Gluteus Medius/Minimus Repair or Reconstruction

Phase I: Weeks 1-4 (Home)

1. Flat foot weight bearing with crutches/walker - avoid sitting/standing in same position for >30-45 minutes
2. Hip Isometrics – quad, glute and core sets
3. DVT prevention – ankle pumps, leg elevation, Aspirin 2x daily (every 12 hours)

Phase II: Weeks 4-6

1. **Initiating PT:** *Provide home exercise program* – will also be discussed prior to surgery by clinical team
 - a. Begin at week **4 post-op** for **arthroscopic/endoscopic** glute repair
 - b. Begin at week **6 post-op** for **open** glute repair
2. **Gait training** PWB with assistive device
 - a. 20 pounds through 4-6 weeks, progress between 4-6 weeks or 6-8 weeks
 - b. **NOTE:** Clinical team will provide a timeframe with which to advance
3. Progress with passive hip flexion >90°
 - a. Other hip passive ROM
 - b. **No aggressive abduction or ER**
4. **Exercises:** Isometrics (quad/glute/core sets), supine bridges, isotonic adduction
 - a. Progress core strengthening (avoid hip flexor tendonitis)
 - b. Progress with hip strengthening – start isometric sub max pain free hip flexion (3-4 wks)
 - c. Quadriceps strengthening
 - d. Aqua therapy in low end of water (if incisions healed)
 - e. **NO** open chain glute exercises
5. **NO** deep tissue manipulation at the site of incisions

Phase III: Weeks 6-8

1. Continue/advance phase II exercises
2. **Gait training** – increase weightbearing to 100% by 8 weeks (+/- crutches for some)
3. **Progressive** ROM (passive hip ER/IR) and **progressive** strengthening
 - a. Supine log rolling, stool rotation, standing on BAPS
 - b. Lateral and inferior with rotation – prone posterior/anterior glides with rotation
 - c. Progress core strengthening (avoid hip flexor tendonitis)

Phase IV: Weeks 8-10

1. Continue/advance phase III exercises
2. **Progressive** hip ROM
3. **Progress strengthening LE** – hip isometrics (abduction) with progression to isotonics, knee isokinetics (flexion/extension)
 - a. Bilateral leg presses, bilateral cable column rotations
 - b. Core strengthening
 - c. Proprioception/balance (balance board/single leg stance)
 - d. Elliptical
 - e. **NO** open chain strengthening required

Phase V: Weeks 10-12

1. Continue/advance phase IV exercises
2. **Progressive** hip ROM and **progressive** strengthening
 - a. Hip PREs and hip machine
 - b. Unilateral leg press, cable column rotations, hip hiking, step downs
 - c. Hip flexor, glute/piriformis, and IT band stretching (manual and self)



Phase V: Weeks 10-12 continued

3. **Progressive** balance and proprioception
 - a. Bilateral → unilateral → foam → dynadisc
 - b. Treadmill side stepping from level surface holding on progressing to inclines
 - c. Side stepping with theraband

Phase VI: >12 Weeks

1. Progressive hip ROM and stretching
2. Progressive LE and core strengthening
3. Endurance activities around the hip
 - a. Advance walking, biking, elliptical tolerance
4. Dynamic balance activities
5. Patient may wean from PT once achieving goals on own and can be educated on HEP

Other Modalities:

1. Electric Stimulation Ultrasound Heat before/after Ice before/after
2. Dry needling
3. Blood flow restriction therapy

Avoid: Deep tissue massage to site of repair (greater trochanter)

Important Information

- *Office Hours:* Monday – Friday; 7:30am –4:30pm
- *After Hours/Emergency Contact:* Resident/Fellow – 708.236.2600
- *Central Scheduling:* 708.236.2701 | <https://rushortho.radixhealth.com/dash/self/#/schedule/29>
- *Administration:* Jeannie Taylor – 312.432.2525
- *Physician Assistants:* Sara, Delaney, & Erica – 312.432.2388 | nhopa@rushortho.com

We are in clinic or surgery and not answering calls in real time – we will return all voicemails within 24-48 hours.