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Arthroscopic Gluteus Medius Repair with or without Labral Debridement Rehab Protocol Prescription

Patient Name:

Date:

Diagnosis: Gluteus medius tear labral tear

Frequency: 2-3 visits/week **Duration:** 4 months

General Guidelines:

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

Rehabilitation Goals:

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

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, 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 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 therapy exercises
- Wean off crutches (2→1→0)
- 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 therapy exercises
- 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 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 uninjured LE
- Biodex test of quadriceps and hamstrings peak torque within 15 percent of uninjured
- Single leg cross-over triple hop for distance:

Score of less than 85% are considered abnormal

- Step down test

Concerns or questions:

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Physician Signature: