ORTHOPEDIC AND SPORTS MEDICINE CENTER

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REHAB PROTOCOLS

Gluteus Tendon Repair Rehab Protocol

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TIMELINE	GOALS	EXERCISES/METHODS
Early Post-operative Day 1-week 2	• Protection of the repaired tendon(s) • Pain control • Restore ROM within guidelines • Prevent muscular inhibition Diminish pain and inflammation	PROM of knee and hip begins a wk 0 PROM: Hip flexion to 90 for 3 weeks, gradually increasing after 3 weeks (do not push through pain, -PROM hip abduction as tolerated. -PROM Hip extension: 0 for weeks 0-3, gradually progress after week 3 -Upright bike NO RESISTANCE (must be pain-free, begin ½ circles, progress to full circles) -Joint mobilization: Grade I oscillations for pain management -Soft tissue Mobilization: -Gentle scar massage -Gentle hip flexor -Gait training: 20 pounds with assistive device
Goals/Restrictions/Milestones: • **Do not progress before week 2** • **Able to intiate muscular activation**		
Sub-Acute Post-Operative: 2-6 weeks	• Above + • Begin AAROM • Painless PROM to limits • Restore normal gait pattern (emphasize good leg control with extension of knee during swing phase and heel strike) • Improve ADL function, ie. sit □ stand, stairs, etc.	**Week 2-4** -Hip isometrics: extension, adduction -Quad sets, Hamstring sets, Lower abdominal activation -Modalities for pain control, swelling **4 weeks**: -Gait training: -Begin PROM IR (gentle, no pain) -Begin gentle AROM of hip flexion (avoid hip flexor tendonitis) , can go to full after wk 4 -Joint mobilization: Gr I-II distraction, lateral distraction -Soft tissue massage -Scar, iliopsoas, TFL, ITB, piriformis, QL, lumbar paraspinals, hip adductors - Strength -Progress isometric resistance -Quad and hamstring isotonic exercise -Quadraped rocking -Stretching -Manual hip flexor stretching (gentle, no pain) -Modified Thomas position, or pillows under buttock -Modalities for pain control, swelling

BRACING/SLING

- Brace for 3 weeks at 0-90 degree hip flexion
- 0 degrees abduction

ROM RESTRICTIONS

- No active abduction 4 wks
- NO Active IR 4 weeks
- O degrees adduction

WEIGHT BEARING

- TTWB 20 lbs week 0-4
- Gradual wean to WBAT from weeks 4-6

OTHER RESTRICTIONS AND KEY CONSIDERATIONS

For first 6 weeks:

- Avoid active abduction/ firing of glue med/min
- Avoid ADD+ER PROM
- Do not push through pain/ pinch

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TIMELINE	GOALS	EXERCISES/METHODS
Goals/Restrictions/Milestones: • **Do not progress before week 6** • **Normalized gait pattern**		
Phase II Early Strengthening Weeks 6-12	• Above + • Full AROM • Return of light strength • Joint mobilization: Perform as needed to gain appropriate ROM • Soft tissue massage • Scar, iliopsoas, TFL, ITB, piriformis, QL, lumbar paraspinals, hip adductors, gluteus medius	Continue with previous exercise -AROM: hip flexion, extension --Straight leg raise, prone hip extension, supine bridge -Hip IR/ER using stool under knee (make sure to hold onto object for support). -Upright bike with resistance Progress core strengthening **Week 8** -Hip abduction: Isometrics to isotonics -Progress LE and core strength and endurance as able -Begin proprioception/balance activity (2 legs to 1 leg, stable to unstable) -Leg press, side stepping, beginning closed chain strength, wobble board balance/taps, Single leg stance -Begin Elliptical training **Weeks 10** -Hip PRES and hip machine -Unilateral leg press -Hip hiking -Eccentric step downs -Side stepping (no resistance-theraband at week 12) -Progress balance and proprioception
Goals/Restrictions/Milestones: • **Normal Gait** • **Full AROM** • **4+/5 MMT**		
Phase III Return of Strength/Function Weeks 12-16	• Reutrn full function safely • No contact activities • Begin Alter-G running • No forced (aggressive) or ballistic stretching	-Progress core, hip, LE strength and endurance -Lunges (multi angle) -Plyometric progression (Must have good control with all exercises first) -Forward/Backward running program (Must have good control with all exercises first) -Agility drills (Must have good control with all exercises first)

SHOWERING

1. May Shower day 1 after surgery
2. Use Op-Site or similar waterproof dressing, change every other day

WOUND CARE

1. Replace waterproof dressing every other day
2. Avoid sitting directly on incision for 2 or more weeks

MEDICATIONS

1. Pain medicine only as needed. Wean off as soon as possible
2. ASA 325mg for 30 days to reduce blood clot risk

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TIMELINE

GOALS

EXERCISES/METHODS

RETURN TO PLAY CRITERIA

- Dynamic neuromuscular control with multi-plane activities at high velocity withoutpain or swelling
- Less than 10% deficit for side to side hamstring comparison on Biodex testing at 60° and 240° per second
- Less than 10% deficit on functional testing profile

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