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## Gluteus Medius Repair

Touch-down (20%) with flat foot weight bearing for 4 weeks  
Avoid flexion > 90° and ER > 30° for 2 weeks, no active abduction and no passive adduction for 3 weeks

### **Phase I: Protection, Mobility, and Activation (weeks 0-4)**

#### *Goals:*

1. Protect the repair
2. Decrease pain and inflammation
3. Increase ROM with restrictions per surgeon
4. Prevent muscular inhibition
5. Promote correct muscle firing patterns with emphasis on core activation

#### *Specific Exercises:*

- Immediate post op- week 2:
  - Upright bike (no resistance)
  - PROM
    - Log roll, circumduction, and all other planes (per restrictions)
    - Prone lying for ≥ 2 hours per day
  - Isometrics
    - TA, gluteus and quad sets
  - Joint mobility
    - Quadruped rocking and cat/camel
  - Manual therapy
    - Soft tissue mobilization and lymphatic drainage as necessary
  - AROM
    - Rotation (supine, prone, and/or stool), adduction/abduction (supine)
  - Muscle activation/neuromuscular control
    - Prone terminal knee extension, double limb bridging, rotation progression
  - Aquatic therapy
- Weeks 3-4:
  - Continue with bike and mobility exercises as above
  - Stability/neuromuscular control

- Gluteal muscle activation (sidelying, prone)
- Hip flexor activation (supine, sitting)
- Perturbation/core training (supine, prone, quadruped, half kneeling, high kneeling, UE movement)
  - Balance/proprioception
    - Weight shifting (anterior-posterior and medial-lateral)

*Criteria for progression:*

1. Minimal palpable swelling
2. Full weight bearing
3. Range of motion  $\geq$  75% of uninvolved side
4. Pain  $<$ 3/10 on VAS scale with ADL's and 0/10 with all phase I exercises
5. Muscle activation and firing patterns normal and without compensation with all phase I exercises

**Phase II: Stability and Neuromuscular Control (weeks 5-10)**

*Goals:*

1. Normalize gait pattern
2. Restore full ROM
3. Improve neuromuscular control, muscle imbalance, balance, and proprioception
4. Initiate functional exercise to improve movement patterns with emphasis on maintaining lumbopelvic and hip stability

*Specific Exercises:*

- Upright bike (no resistance)
- PROM
  - Log roll, circumduction, and all other planes (per restrictions)
- Manual therapy
  - SIJ, L/S, T/S mobilizations- grades I-V and/or hip joint mobilization- grades I-IV (post op week 6)
  - Soft tissue as necessary
- Flexibility
  - Stretching as necessary (continue to avoid aggressive stretching)
- AROM
  - Rotation (supine, prone, and/or stool),
- Stability/neuromuscular control
  - Rotation progression
  - Single limb dead lift (i.e. RDL's), chops/lifts (kneeling, ½ kneeling), bridging progression
  - Planks, quadruped UE/LE lifts
  - Shuttle exercises/leg press (limited weight)
- Balance/proprioception
  - Double limb  $\rightarrow$  staggered stance  $\rightarrow$  single limb stance
- Aerobic Conditioning
  - Biking, swimming, elliptical

*Criteria for progression:*

1. Maintain all criteria from phase I
2. Pain free and symmetrical gait pattern
3. FROM
4. No joint inflammation, muscle irritation, or pain
5. Normal muscle activation patterns and functional, non painful patterns on the selective functional movement assessment (SFMA)
6. Single limb balance for 1 minute with neutral pelvic alignment and no compensatory trunk lean
7. Hip strength: hip flexion > 60% of uninvolved side; remaining planes > 70% of uninvolved side

**Phase III: Strengthening (weeks 9-16)**

*Goals:*

1. Restore muscular strength and endurance
2. Optimize neuromuscular control, balance, and proprioception
3. Restore cardiovascular endurance

*Specific Exercises:*

- Upright bike
- PROM, joint mobility, and flexibility as necessary
- Advanced neuromuscular control
  - Chops/lifts (squat, split squat, single limb stances), squats, lunges
- Strengthening
  - Double knee bends with sport cord, leg press, balance squat, single leg squat (without resistance → with sport cord)
- Aerobic Conditioning
  - Biking, swimming, elliptical, running
- Sports-specific training
  - Initial agility drills (lateral agility, diagonal agility)

*Criteria for progression:*

1. Maintain all criteria from phase II
2. Hip strength: hip flexion > 70% of uninvolved side; remaining planes > 80% of uninvolved side
3. LE Y-balance equal bilaterally
4. FMS ≥ 14
5. Pass hip sport cord test (17/20)
6. Demonstration of initial agility drills with proper body mechanics specifically the ability of the limb to absorb body weight while avoiding excessive lateral trunk lean, hip adduction and internal rotation, and valgus angulation of the knee