Abductor Repair (Gluteus Medius/Minimus Repair) Protocol

Surgery Date:____________________________

This protocol should be used as a guidelines for progression and should be tailored to the needs of the individual patient.

Strict protective weight bearing status for 8 weeks
- Allow to place weight of leg on ground (neutralizes joint reaction forces)

Emphasis on range of motion
- Active assisted (hip flexion)/passive motion (hip abduction)
- Avoid stress to repair site by avoiding passive adduction, ER/IR for 4 weeks

No active abduction for 2 months to allow healing

Pool program to initiate functional exercises in reduced weight environment

Soft tissue mobilizations as needed

Emphasis on cycling range of motion without resistance (as long as this is tolerated by the patient)

At 2 months, transition to full weight bearing (transition variable)

Minimum 3 months before progression of functional activities as tolerated

The rehab progression may be advanced or slowed by 1-2 weeks based on the quality of the repair and the security of the fixation

Phase 1: Initial Exercises (Weeks 1-3)
- Seated knee extension
- Ankle pumps
- Glut sets
- Quad sets
- Hamstring sets
- Adductor isometrics
- Heel slides, active-assisted range of motion
- Posterior pelvis tilt
- Prone on elbows
- Prone knee flexion
- Standing flexion and extension without resistance

- Pain dominant hip mobilization – grades I, II (used only when hip joint has been affected)
- Other:
  - Upper body ergometer, upper body strengthening
  - Passive ROM: hip abduction

Week 2 Date:____________________________

- Supine marching, modified dead bug
- Thera band resistance on affected side – Flexion and Extension (start very low resistance)
- Seated hip flexion, IR/ER in pain-free range
- Superman
- Other:
  - Standard stationary bike without resistance (10 min tolerated)
  - Pool water exercises – water walking, range of motion (no active abduction or adduction), march steps, backward walking, mini-squats, heel raises, hamstring and hip flexor stretches

Phase 2: Intermediate Exercises (Weeks 4-6)

Goals for Phase 2
- Protect integrity of healing tissue
- Restore pain-free range of motion
- Progressively increase muscle strength and endurance
- Continue to respect weight bearing precautions

Weeks 4-6 Dates:____________________________

- Pool water exercises – flutter kick swimming, 4-way hip with water weights, step-ups
- Add PROM IR/ER and adduction

Criteria for progression to Phase 3
- Minimum pain with phase 2 exercises

Phase 3: Advanced Exercises (Weeks 7-10)

Goals for Phase 3
- Restoration of muscular endurance/strength
- Restoration of cardiovascular endurance
- Optimize neuromuscular control/balance/propropriotion
- Restore 60-70% gluteus medius strength
Weeks 7 Date: ____________________________

- Standing theraband/pulley flexion and extension with multi-hip
- Pool water exercises – flutter kick, swimming, 4-way hip with water weights, step-ups

Week 8 Date: ____________________________

- Log IR rolling
- Superman (quadruped position)
- Standing heel raises
- Abduction Isometrics
- Other:
  - Gradually weaning off crutches
  - Wall mini-squats
  - Physio-ball mini-squats with co-contraction
  - Leg Press (minimal resistance, gradually increasing resistance to patient tolerance)
  - Initiate AROM abduction (supine)
  - Hip mobilizations as needed

Week 9 Date: ____________________________

- Single leg bridges/stabilization/alternate kick outs
- Standing hip abduction without resistance
- ½ mini-squats
- Sidelying clamshells
- Other:
  - Knee extensions, hamstring curls
  - Single stability ball bridges
  - Initiate elliptical machine
  - Add seated IR/ER AROM in pain free range

Week 10 Date: ____________________________

- Theraband resistance on affected side – Abduction (start very low resistance)
- Sidelying leg raise – Abduction
- Bosu squats
- Single leg balance – firm to soft surface with external perturbation (ball catch, sports specific/simulated ex.)
- Physio-ball hamstring exercises – hip lift, bent knee hip lift, curls, balance
- Sidelying Clamshells with resistive tubing/band

Phase 4: Sports specific training rehab clinic based progression (Weeks 11-15)

Goals for Phase 4
- Single leg mini squats with level pelvis
- Cardiovascular fitness equal to preinjury level
- Demonstration of initial agility drills with proper body mechanics

Weeks 11-15 Dates: __________________________

- Single leg pick-ups, add soft surface
- Lateral step-ups with eccentric lowering
- Theraband walking patterns – forward, sidestepping, carioca, monster walks, backward,
  ½ circles forward/backward – 25 yds. Start band at knee height and progress to ankle height
- Side steps over cups/hurdles (with ball toss and external sports cord resistance), increase speed
- Lunges progress from single plane to tri-planar lunges, add medicine balls for resistance and rotation
- Sidestepping with resistance (pause on affected limb), sports cord walking forward and backward (pause on affected limb)
- Single leg body weight squats, increase external resistance, stand on soft surface
- Other:
  - All phase 3 exercises

Final Phase: Sports specific training on field or court (Weeks 16 and beyond)

- Running Progression
- Sports specific drills
- Traditional weight training
- Pool running (progress from chest deep to waist deep), treadmill jogging
- Step drills, quick feet step-ups (4-6 inch box) forward, lateral, carioca
- Plyometrics, double leg and single leg shuttle jumps

Criteria for full return to competition
- Full range of motion
- Hip strength equal to uninvolved side, single leg pick-up with level pelvis
- Ability to perform sport-specific drills at full speed without pain
- Completion to functional sports test
- Restore full gluteus medius strength before higher level activities are added