



Hip Abductor Tendon (Gluteus medius and minimus) Repair Protocol

Phase/ Goals	Immobilization	ROM	Therapeutic Exercises
<p>Phase 1 (0-4 weeks)</p> <p>Goals:</p> <ul style="list-style-type: none"> ● Protect Repair ● Minimize pain and swelling ● Begin passive ROM 	<p>Crutch/Walker use</p> <p>50% partial weightbearing for 4 weeks</p>	<ul style="list-style-type: none"> ● PASSIVE ONLY ● Adduction: No ADD past midline x 4 weeks ● ER: full ● Flexion: 0-90 ● Extension: full ● NO PASSIVE ER WITH ADD X 4 Weeks ● NO ACTIVE ABD + IR x 4 weeks <p>Modalities:</p> <ul style="list-style-type: none"> ● Compression ● Edema control ● Avoid sleeping directly on hip ● Sleep with pillow between legs ● Ice multiple times per day 	<ul style="list-style-type: none"> ● PROM – Circumduction, side-lying flexion, abduction, bike ● Isometrics-Quad, glute, hamstring sets, ● Hip joint mobilization ● Cat/Camel and quad rocking ● Standing TKE ● Starting week 3: supine hip flexion on ball, sidelying glute max/med holds
<p>Phase 2 (5-8 weeks)</p> <p>Goals:</p> <ul style="list-style-type: none"> ● Protect repair ● Increase ROM ● Transition off crutches starting week 4 ● Normalize gait ● Progressive increase of muscle strength 	<ul style="list-style-type: none"> ● Wean crutches starting at 4 weeks ● Start with single crutch on opposite side from operative ● Transition off crutches when comfortable and no limp 	<ul style="list-style-type: none"> ● Progressive hip ROM ● Avoid abducted internal rotation ● No adduction past midline <p>Modalities:</p> <ul style="list-style-type: none"> ● Gentle Massage ● Ice multiple times per day 	<ul style="list-style-type: none"> ● Deep tissue mobilization hip, pelvis, and spine ● Progress core strengthening ● Hip flexor activation (but minimal active/resisted hip flexion) ● Clam shells ● Single-leg bridges ● Leg press with minimal resistance ● ¼ mini squats (after full weightbearing) ● Quadraped superman ● Standing 4-way hip with low resistance



	<ul style="list-style-type: none"> • May need crutches with longer distances 		<ul style="list-style-type: none"> • Aqua therapy, if available, once portals heal
<p>Phase 3 (9-12 weeks)</p> <p>Goals:</p> <ul style="list-style-type: none"> • Protect Repair • Normalize motion, strength, and gait • Improve endurance and conditioning • Improve balance and proprioception 	<p>Completely wean off crutches if not done already</p>	<ul style="list-style-type: none"> • No more range-of-motion restrictions • Focus on symmetry compared to unaffected side • Stationary bike – lower seat to allow increased hip flexion 	<ul style="list-style-type: none"> • Continue joint mobilization • Increase resistance with active exercises • Clamshells with theraband • Sidelying planks • Physioball hamstring • Side-stepping with resistance • Lunges • Neuromuscular training to include core stabilization, single leg squats, and side-steps • Begin elliptical and treadmill with minimal resistance and speed
<p>Phase 4 (13-18 weeks)</p> <p>Goals:</p> <ul style="list-style-type: none"> • Full active and passive hip ROM • Normalize function • Begin sport specific training • Prepare for return to activity 	<p>Full ambulation without crutches</p>	<ul style="list-style-type: none"> • Full active and passive ROM • Focus on hip strengthening and proprioceptive training 	<ul style="list-style-type: none"> • Continue as above • Introduce low-impact plyometrics • Increase resistance and duration on bike and elliptical • Swimming as tolerated • Sport specific agility drills • Traditional weight-training • Start running progression

Aaron J. Casp, MD
Sports Medicine, Hip, Knee, and Shoulder Surgery
p: (303) 835-8561
f: (303) 879-4036



--	--	--	--

Requirements for full return to sports and activities:

- Full pain-free range of motion symmetrical to opposite side
- Symmetric hip strength
- Stable pelvis with activities
- Ability to perform sport-specific drill at full speed without pain