SPORTS MEDICINE ASSOCIATES
Any Athlete. Any Injury. Anytime.®

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GLUTEUS MEDIUS TENDON REPAIR

	Goals	Therapy Exercises/Precautions
Phase I: Weeks 0-4	• Protect integrity of the repaired tissue. • Restore ROM within restrictions. • Normalize gait pattern using 2 crutches 20% WB. • Prevent muscular inhibition.	*PRECAUTIONS:* • Limit hip flexion to 90 degrees for the first 6 weeks post-op then gradual progression as tolerated. • Maintain 20% WB for 6 weeks post-op with normal gait pattern. • No active hip ABD with gravity lessened until 4 weeks post-op (supine and standing). • No active hip ABD against gravity (side-lying) until 8 weeks post-op. • No resisted hip ABD until 10 weeks post-op. • No passive IR with the hip flexed until 8 weeks. • No single leg stance for 12 weeks. *EXERCISES:* • ankle pumps, quad sets, glut sets. • Isometric hip Add bolster between knees. • Glut sets. • Heel slides. • Supine hip IR/ER rolls with knee in full extension. • partial sit up. • Standing hip EXT, marching to 90 degrees no resistance. • AROM long arc quad. • PROM ER, ABD, EXT • Hip flexor, hamstring, quad stretch

Phase II: Weeks 4-8	• Restore functional ROM flexion, ABD, EXT, and ER. • Increase strength. • Normalize gait pattern.	• Continue flexibility program. • Core stabilization. • Continue PROM and progress flexion beyond 90 at 6 weeks post-op. • Gait training WBAT at 6 weeks post op wean from assistive device pain free no limp. • Stationary bike minimal resistance and high seat (max 90 degrees hip flexion). • Supine hip ABD slides. • Standing hip ABD. • Supine hip flexion SLR.
Phase III: Weeks 8-12	• Restore cardiovascular endurance. • Maximize strength, balance, proprioception.	• Initiate closed chain exercise as tolerated. • Sidelying hip ABD/ER "clams". • Sidelying hip ABD and prone hip EXT AROM. • Bridge with tubing at knees. • Prone resisted hip IR/ER. • Standing hip IR with knee on stool. • Standing hip ABD and EXT with theraband resistance standing on uninvolved LE at 10 weeks. • Kneeling hip flexor stretch. • Continue progressive strengthening. • Side-step with theraband resistance. • Stairmaster.
Phase IV: Weeks 12-16	• Optimize strength, balance, proprioception, and endurance.	• Initiate and progress single leg stance. • Progress closed chain strengthening. • 4 way hip with theraband resistance standing on involved LE. • Continue core stabilization. • Stairmaster. • Lunges progressing to walking lunges. • Aerobic stepping as tolerated at 10 weeks post-op. • Aquajogging if available.

Phase V: Weeks 16-20		• Continue progressive hip strength and flexibility as above. • Progression to a graduated running progression. • Progression to a graduated double leg plyometric program uniplanar.
Phase VI: Weeks 20+		• Continue progressive strength and flexibility. • Continue progressive running • Progressive agility work. • Progress plyometrics to double leg multiplanar and single leg uniplanar. • Return to sport progression. Discharge formal physical therapy. Continue gym program. Return to sport at approximately 6 months pending Physician release.