
Gluteus Medius Repair

Name: _____ Date: ____ / ____ / ____

Phase I: Protection, Mobility and Activation (Weeks 0 to 4)

Touch-down (20 percent) with foot flat weight bearing for four weeks. Avoid flexion greater than 90 degrees and ER greater than 30 degrees for two weeks. No active abduction and no passive adduction for three weeks.

Goals

1. Protect tissues
2. Decrease pain and inflammation
3. Increase range of motion (ROM) within restrictions per Dr. Roberson
4. Prevent muscular inhibition
5. Promote correct muscle firing patterns with emphasis on core activation

Specific Exercises

- Immediate post-op: Week 2 (for POD 1 interventions see exercise sheet)
 - Upright bike (no resistance)
 - Passive range of motion (PROM)
 - Log roll, circumduction and all other planes (per restrictions)
 - Prone lying for two or more hours a day
 - Isometrics
 - TA, glut and quad sets
 - Joint mobility
 - Quadruped rocking and cat/camel
 - Manual therapy
 - Soft tissue mobilization and lymphatic drainage as necessary
 - Active range of motion (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 (see guidelines)
- Weeks 3 to 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, high kneeling, half 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 greater than or equal to 75 percent of uninvolved side
4. Pain less than 3 out of 10 on VAS scale with ADLs and 0 out of 10 on VAS scale 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 to 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 (none to minimal resistance)
- PROM
 - Log roll, circumduction and all other planes
- Manual therapy
 - SIJ, L/S, T/S mobilizations, grades I-V and/or hip joint mobilization, grades I-IV (POW #6)
 - Soft tissue as necessary
- Flexibility
 - Stretching as necessary (continue to avoid aggressive stretching)
- AROM
 - All planes (supine, prone, stool and/or standing)
- Stability/neuromuscular control
 - Rotation progression
 - Single limb dead lift (i.e. RDLs), chops/lifts (kneeling, ½ kneeling), bridging progression
 - Planks, quadruped UE/LE lifts
 - Shuttle exercises/leg press (limited weight)
- Balance/proprioception
 - Double limb → Staggered stance → 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. Full ROM
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 one minute with neutral pelvic alignment and no compensatory trunk lean
7. Hip strength: hip flexion greater than 60 percent of uninvolved side; remaining planes greater than 70 percent of uninvolved side

Phase III: Strengthening (Week 9 to 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 squats (without resistance → with sport cord)
- Aerobic conditioning
 - Biking, swimming, elliptical, running
- Sports-specific training
 - Initial agility drills (lateral agility, diagonal agility)

Criteria Progression

1. Maintain all criteria from Phase II
2. Hip strength: hip flexion greater than 70 percent of uninvolved side; remaining planes greater than 80 percent of uninvolved side
3. LE Y-balance equal bilaterally
4. FMS greater than or equal to 14
5. Pass Hip Sport Cord Test (17 out of 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