



## GLUTEUS TENDON REPAIR

<u>Postop</u>	<u>Goals</u>	<u>Precautions</u>	<u>Exercises/Interventions</u>
<b>Weeks 0-4</b> <b>PT 1-2 x/</b> <b>week</b> <b>HEP Daily</b>	Protect incisions/repair Early ROM with bike Modalities PRN	Toe touch to partial WB with a walker and brace  20%- 50% PWB No active abduction and IR No passive ER or adduction	Bike for 20 min/day as tolerated (up to 2x per day) ROM with given precautions (avoid excessive hip flexion, IR and adduction) Log rolls Hip flexion as tolerated Stool stretch for hip flexors and adductors Quadruped rocking for hip flexion/ Hamstring isotonic/ Pelvic tilts NMES to quads
<b>Weeks 4-6</b> <b>PT 1-2 x/</b> <b>week</b> <b>HEP Daily</b>	Continue with previous Continue 50% PWB Progress core strengthening Progress hip strengthening	50% PWB (proficient heel- to gait at 50% WB)  No active abduction No passive adduction	Continue previous Stool rotations IR/ER (20 deg) Supine bridges Isotonic adduction Core strengthening
<b>Weeks 6-8</b> <b>1-2 x/ week</b> <b>HEP Daily</b>	Continue with previous Gait training per WB restrictions Progress ROM Progress core strengthening	Increase to WBAT with crutches	ROM: progress towards full pain- free passive and active ROM Prone posterior-anterior glides with rotations  Hip strengthening: Isotonic hip flexion and quad strengthening Prone knee flexion Multiple plane isometric hip adduction Bridge Standing weight shifting Standing hip extension Bilateral leg press WB bilateral wall and free standing squats Step exercises Single leg balance
<b>Weeks 8-10</b> <b>1-2 x/ week</b> <b>HEP Daily</b>	Wean crutches Progress hip ROM Progress LE strength Progress core strength Begin balance work	Wean crutches (2->1->0) No Trendelenburg gait	Progress hip ROM Hip isometrics for abduction and progress to isotonic Rotational strengthening Elliptical Balance Core strengthening

<b>Weeks 10-12</b> <b>PT 1-</b> <b>2x/week</b> <b>HEP daily</b>	Continue previous Progress ROM Progress hip/core strength Progress balance	WBAT Avoid painful activities	Unilateral leg press Unilateral cable column rotations Hip hiking Step downs Hip flexor/piriformis/IT strengthening Progress balance to foam Treadmill side steps on level progress to incline Side steps with Theraband Hip hiking on stairmaster ( <b>week 12</b> )
<b>Weeks 10-12</b> <b>PT 1-</b> <b>2x/week</b> <b>HEP daily</b>		WBAT Avoid painful activities	Begin running program (AlterG if available) Progress strength Advance plyometrics Sports specific agility drills

### Concomitant Procedures

- Within the early phase of PROM or AROM movements beyond 90 deg hip flexion, neutral hip IR (0 deg) or hip abduction beyond the midline should be avoided due to the risk of disrupting the reconstruction and increase in compression of the abductor tendons.

## Physician-Specific

### Typical Schedule of follow-up visits with physician after surgery:

- They follow up 10-14 days, 6 weeks, 3 months, 6 months

### Typical Medications:

- Patient and Physician dependent.

### TED hose:

- 2 weeks

### Dressings:

- Dressing left in place until follow up if clean and dry