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ARTHROSCOPIC OR OPEN GLUTEUS MINIMUS/ MEDIUS REPAIR

<u>Postop</u>	<u>Goals</u>	<u>Precautions</u>	<u>Exercises</u>
Weeks 0-4 PT 1x/week HEP daily	Edema and pain control Protect surgical repair Avoid hip flexor tendonitis, trochanteric bursitis, synovitis Increased ROM focusing on flexion NO active abduction, NO passive adduction Gentle IR/ER	No active abduction No passive adduction Weight bearing: 20lbs for 6 wks	<ul style="list-style-type: none">- CPM for 2 hours/day (if appropriate)- Bike for 20 minutes/day (can be 2x/day)- Scar massage- Hip PROM:<ul style="list-style-type: none">o Passive hip flexion as toleratedo Passive abduction as toleratedo Log rollo No active abduction or IRo No passive ER (4 weeks) or adduction (6 weeks)- Stool stretch for hip flexors/adductors- Quadruped rocking for hip flexion- Gait training PWB with assistive device- Hip isometrics:<ul style="list-style-type: none">o Extension, adduction, ER @ 2 weeks- Hamstring isotonics- Pelvic tilts- NMES to quads with SAQ (short arc quads) with pelvic tilt- Modalities
Weeks 4-6 PT 1-2x/week HEP daily	Pain control Protect surgical repair Continue with previous therex Avoid hip flexor tendonitis, trochanteric bursitis, synovitis Manage scar around portal sites Increased ROM focusing on flexion NO active abduction NO passive adduction Gentle IR/ER	Gait training PWB with assistive device and no trendelenberg gait - 20 lbs through 6 weeks	<ul style="list-style-type: none">- Stool rotations IR/ER (20 degrees)- Supine bridges- Isotonic adduction- Progress core strengthening (AVOID hip flexor tendinitis)- Progress hip strengthening<ul style="list-style-type: none">• Start isometric sub max pain free hip flexion (4 weeks)• Quadriceps strengthening- Scar massage- Aqua therapy in low end of water

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<u>Postop</u>	<u>Goals</u>	<u>Precautions</u>	<u>Exercises</u>
Weeks 6-8 PT 2x/week HEP daily	Continue with previous therex Avoid hip flexor tendonitis, trochanteric bursitis, synovitis Manage scar around portal sites	Progress with hip ROM - Passive hip ER/IR WBAT with crutches Normalize gait	<ul style="list-style-type: none"> - Passive hip ER/IR <ul style="list-style-type: none"> • Stool rotation ER/IR as tolerated -> standing on BAPS -> prone hip ER/IR - Hip joint mobs with mobilization belt <ul style="list-style-type: none"> • Lateral and inferior with rotation • Prone posterior-anterior glides with rotation - Progress core strengthening (avoid hip flexor tendonitis)
Weeks 8-10 PT 2-3x/week HEP daily	Continue with previous therex Avoid hip flexor tendonitis, trochanteric bursitis, synovitis	Wean off crutches (2 -> 1 -> 0) without trendelenberg gait/ normal gait	<ul style="list-style-type: none"> - Progressive hip ROM - Progressive LE and core strengthening <ul style="list-style-type: none"> o Hip isometrics for abduction and progress to isotonics o Leg press (bilateral LE) o Isokinetics: knee flexion/ extension - Progress core strengthening - Begin proprioception/balance – balance board and single leg stance - Bilateral cable column rotations - Elliptical
Weeks 10-12 PT 1-2x/week HEP daily	Continue with previous therex Progressive hip ROM		<ul style="list-style-type: none"> - Progressive LE and core strengthening <ul style="list-style-type: none"> o Hip PREs and hip machine o Unilateral leg press o Unilateral cable column rotations o Hip Hiking o Step downs - Hip flexor, glute/piriformis, and IT-band stretching – manual & self - Progress balance and proprioception <ul style="list-style-type: none"> o Bilateral -> unilateral -> foam -> dynadisc - Treadmill side stepping from level surface holding on progressing to inclines when gluteus medius is with good strength - Side stepping with theraband - Hip hiking on stairmaster (week 12)
Week 12+	Continue with previous therex		<ul style="list-style-type: none"> - Progressive hip ROM and stretching - Progressive LE and core strengthening - Endurance activities around the hip - Dynamic balance activities - Treadmill running program - Sport specific agility drills and plyometrics

IF QUESTIONS: PLEASE CALL 469-800-7200

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