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ORTHOPEDIC SURGERY & SPORTS MEDICINE

Gluteus Medius / Abductor Repair — Rehabilitation Protocol

Arthroscopic or open repair — therapist reference

PRECAUTIONS (FIRST 6 WEEKS)

- No active abduction; no passive adduction. Limit passive IR/ER for 6 weeks to protect the repair.
- Weight bearing: touchdown (foot-flat) only for 6 weeks with brace and crutches; normalize gait.
- Manage portal-site scarring; watch for hip-flexor tendinitis, trochanteric bursitis, and synovitis. PT begins post-op day 1–3, then ~1×/week from week 3, progressing to 2–3×/week.

PHASE 1 · WEEKS 0–4

- Stationary bike 20 min/day (no resistance); scar massage; modalities; gait training with assistive device.
- Hip PROM: flexion and abduction as tolerated, log roll, quadruped rocking. No passive ER until 4 weeks, no adduction until 6 weeks.
- Hip isometrics (add extension/adduction/ER at 2 weeks); hamstring isotonics; pelvic tilts; NMES to quads with short-arc quads.

PHASE 2 · WEEKS 4–6

- Stool rotations IR/ER (~20°); supine bridges; isotonic adduction.
- Begin sub-maximal, pain-free hip-flexion isometrics; quadriceps strengthening.
- Progress core strengthening (avoid hip-flexor tendinitis); continue scar massage.

PHASE 3 · WEEKS 6–8

- Advance to full weight bearing by 8 weeks; begin weaning crutches.
- Progress ROM: passive ER/IR (stool rotation → BAPS → prone hip ER/IR); hip joint mobilizations if needed.
- Continue core progression.

PHASE 4 · WEEKS 8–10

- Wean off crutches (2 → 1 → 0) without a Trendelenburg gait.
- Strengthen: hip-abduction isometrics → isotonics, bilateral leg press, isokinetic knee flexion/extension; progress core.
- Begin proprioception/balance (balance board, single-leg stance); aqua therapy; elliptical.

PHASE 5 · WEEKS 10–12

- Progress hip strengthening: hip PREs/machine, unilateral leg press, hip hiking, step-downs.
- Stretch hip flexors, glute/piriformis, IT band; progress balance (bilateral → unilateral → foam → dynadisc); treadmill and Thera-Band side-stepping; StairMaster hip hiking (week 12).

PHASE 6 · WEEKS 12+

- Progressive ROM/stretching and LE/core strengthening; hip endurance and dynamic balance.

- Treadmill running program; sport-specific agility drills and plyometrics.

DISCHARGE CRITERIA (RE-EVALUATE AT 3–6 MONTHS)

- Pain-free or a manageable level of discomfort.
- Manual muscle testing within 10% of the uninvolved leg.
- Biodex quadriceps/hamstring peak torque within 15% of the uninvolved leg.
- Passes step-down test.

REFERENCES

- Gluteus Medius Repair Physical Therapy Protocol. American Hip Institute.
- Return to Activity After Gluteus Medius Repair. PMC, 2021.

Streamlined and de-duplicated from the prior version (the earlier Weeks 8-10 section repeated the Weeks 6-8 text). Weight-bearing status, repair precautions, and criterion-based discharge testing align with current gluteal-repair rehabilitation practice.