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Hip Arthroscopy Rehabilitation Gluteus Medius Repair with or without Labral Debridement

General Guidelines:

- Normalize gait pattern with brace (if indicated) and crutches
- Weight-bearing: 20 lbs foot flat for 6 weeks
- “Well-Leg” Stationary Bike for ROM.

Rehabilitation Goals:

- Seen post-op Day 1
- Seen 1x/week for 6 weeks
- Seen 2x/week for 6 weeks
- Seen 2-3x/week for 6 weeks

Precautions following Hip Arthroscopy Gluteus Medius Repair:

- Weight-bearing: 20 lbs. foot flat for 6 weeks
- Hip flexors tendonitis
- Trochanteric bursitis
- Synovitis
- Manage scarring around portal sites
- Increase range of motion focusing on flexion
 - No active abduction, IR, or passive ER, adduction (at least 6 weeks)



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Guidelines:

• Weeks 0-4

- “Well-leg” Bike for 20 minutes/day (can be 2x/day)
- Quadruped rocking for hip flexion
- Scar massage
- Hip PROM
 - Hip flexion to 90 degrees, abduction as tolerated
 - No active abduction and IR
 - No passive ER or adduction (6 weeks)
- Gait training PWB with assistive device
- Hip isometrics -
 - Extension, adduction, ER at 2 weeks
- Hamstring isotonic
- Pelvic tilts
- NMES to quads with SAQ
- Modalities

• Weeks 4-6

- Continue with previous therapy exercises
- Gait training PWB with assistive device
 - 20 pounds through 6 weeks



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- Progress with passive hip flexion greater than 90 degrees
- Supine bridges
- Isotonic adduction
- Progress core strengthening (avoid hip flexor tendonitis)
- Progress with hip strengthening
 - Start isometric sub max pain free hip flexion(3-4 wks)
 - Quadriceps strengthening
- Scar massage
- Aqua therapy chest-high water vs. Gait training PWB on Alter-G, Start at 50%

- **Weeks 6-8**
 - Continue with previous therapy exercises
 - Gait training: Wean off crutches (2→ 1→ 0)
 - Progress with ROM
 - Passive hip ER/IR
 - Supine log rolling → Stool rotation → Standing on BAPS
 - Hip Joint mobs with mobilization belt (if needed)
 - Lateral and inferior with rotation
 - Prone posterior-anterior glides with rotation
 - Progress core strengthening (avoid hip flexor tendonitis)



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- **Weeks 8-10**

- Continue previous therapy exercises
- Progressive hip ROM
- Progress strengthening LE
 - Hip isometrics for abduction and progress to isotonics
 - Leg press (bilateral LE)
 - Isokinetics: knee flexion/extension
- Progress core strengthening
- Begin proprioception/balance
 - Balance board and single leg stance
- Bilateral cable column rotations
- Elliptical

- **Weeks 10-12**

- Continue with previous therapy exercises
- Progressive hip ROM
- Progressive LE and core strengthening
 - Hip PREs and hip machine
 - Unilateral Leg press
 - Unilateral cable column rotations
 - Hip Hiking



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- Step downs
 - Hip flexor, glute/piriformis, and It-band Stretching – manual and self
 - Progress balance and proprioception
 - Bilateral → Unilateral → foam → dynadisc
 - Treadmill side stepping from level surface holding on progressing to inclines
 - Side stepping with theraband
 - Hip hiking on stairmaster (week 12)
- **Weeks 12 +**
 - Progressive hip ROM and stretching
 - Progressive LE and core strengthening
 - Endurance activities around the hip
 - Dynamic balance activities
 - Alter-G or Aquatic Jogging Program starting at 60% at 12 weeks if tolerated
 - Treadmill running program (14-16 weeks)
 - Sport specific agility drills and plyometrics
- **3-6 months Re-Evaluate (Criteria for discharge)**
 - Hip Outcome Score
 - Pain free or at least a manageable level of discomfort
 - MMT within 10 percent of uninvolved LE
 - Biodex test of Quadriceps and Hamstrings peak torque within 15 percent



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of uninjured

- Single leg cross-over triple hop for distance:
 - Score of less than 85% are considered abnormal for male and female
- Step down test