



CHIPPEAU VALLEY
ORTHOPEDICS AND
SPORTS MEDICINE

www.cvosm.com

CHRISTOPHER D. HANSEN, MD
Orthopedic Surgeon

1200 OAKLEAF WAY STE A ALTOONA WI 54720
TEL 715.832.1400 | 800.322.1747 | FAX 715.832.4187

757 LAKELAND DR. STE B CHIPPEAU FALLS WI 54729
TEL 715.723.8514 | 800.322.1748 | FAX 715.723.5989

Rehabilitation Guidelines for Open Hip Abductor (Gluteus Medius) Repair

PHASE I (Surgery to 3 weeks)

Appointments	<ul style="list-style-type: none">• Patient will have one appointment 2-5 days after surgery to make sure they are ambulating correctly and following precautions. Their second appointment will be 2-3 weeks after surgery (after the first post-op visit with the surgeon) to begin the more formal exercise program.
Rehabilitation Goals	<ul style="list-style-type: none">• Protection of the post-surgical hip through limited weight bearing and education on avoiding pain (approximately 3/10) with range of motion (ROM) exercises.
Precautions	<ul style="list-style-type: none">• No active abduction• No passive adduction• Normalize gait pattern with brace and crutches• Weight-bearing: 20 lbs for 6 weeks
Range of Motion Exercises	<ul style="list-style-type: none">• Continuous passive motion (CPM) for 2 hours a day• Bike for 20 minutes a day (can be 2 times a day) as tolerated• Scar massage• Hip passive range of motion (PROM)• Hip flexion as tolerated, abduction as tolerated• Log roll• No active abduction and internal rotation (IR)• No passive external rotation (ER) (4 weeks) or adduction (6 weeks)• Stool stretch for hip flexors and adductors• Quadruped rocking for hip flexion• Gait training partial weight bearing (PWB) with assistive device

Rehabilitation Guidelines for Open Hip Abductor (Gluteus Medius) Repair

Suggested Therapeutic Exercises	<ul style="list-style-type: none"> • Hip isometrics for extension, adduction, ER at 2 weeks. • Hamstring isotonics • Pelvic tilts • NMES to quads with SAQ with pelvic tilt
Cardiovascular	<ul style="list-style-type: none"> • Upper body circuit training or upper body ergometry (UBE)
Progression Criteria	<ul style="list-style-type: none"> • Normal gait with assistive device on level indoor surfaces with PWB and minimal to no pain • Functional ROM without pain • At least 3 weeks post-op

PHASE II (4-10 weeks post surgery)

Appointments	<ul style="list-style-type: none"> • Rehabilitation based on patient progress, 1-2 times every 1-2 weeks
Rehabilitation Goals	<ul style="list-style-type: none"> • Regain and improve muscular strength • Progress off crutches for all surfaces and distances • Single leg stand control • Good control and no pain with functional movements, including step up/down, squat, partial lunge
Precautions	<ul style="list-style-type: none"> • Weeks 4-6: Gait training PWB with assistive device and no trendelenberg gait - 20 pounds through 6 weeks • Weeks 7-8: Gait training: increase weight bearing to 100% with crutches • Weeks 9-10: Wean off crutches (2 to 1 to 0) without trendelenberg gait / normal gait
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> • Start isometric sub max pain free hip flexion (4 weeks) • Stool rotations IR/ER (20°) • Supine bridges • Isotonic adduction • Progress core strengthening (avoid hip flexor tendonitis) • Progress with hip strengthening • Quadriceps strengthening • Scar massage • Gait drills in the pool at chest deep water, as needed and available <p>At 8 weeks:</p> <ul style="list-style-type: none"> • Progress with ROM • Hip joint mobs with mobilization belt (if needed) <ul style="list-style-type: none"> - Lateral and inferior with rotation - Prone posterior-anterior glides with rotation • Progress core strengthening (focus on post pelvic tilt and avoid hip flexor tendonitis)
Cardiovascular Exercise	<ul style="list-style-type: none"> • Upper body circuit training or UBE

Rehabilitation Guidelines for Open Hip Abductor (Gluteus Medius) Repair

Progression Criteria	<ul style="list-style-type: none"> • Normal gait on all surfaces • Ability to carry out functional movements without unloading affected leg or pain, while demonstrating good control • Single leg balance greater than 15 seconds without trendelenburg
----------------------	---

PHASE III (begin after meeting Phase II criteria, about 12 weeks)

Appointments	<ul style="list-style-type: none"> • Rehabilitation based on patient progress, 1-2 times every 1-2 weeks
Rehabilitation Goals	<ul style="list-style-type: none"> • Regain and improve muscular strength • Discontinue off crutches for all surfaces and distances • Single leg stand control • Good control and no pain with functional movements, including step up/down, squat, partial lunge
Precautions	<ul style="list-style-type: none"> • Post-activity soreness should resolve within 24 hours • No ballistic or forced stretching • Avoid post-activity swelling or muscle weakness • Be cautious with repetitive hip flexion activities, such as treadmill and Stairmaster
Suggested Therapeutic Exercise	<ul style="list-style-type: none"> • Stationary bike • Gait and functional movement drills in the pool • Standing hip abduction and extension, single leg bridging, sidelying leg raises with leg in internal rotation and prone heel squeezes with hip extension • Closed chain abductor strengthening – lateral stepping progressing to with bands, standing hip hikes, step backs • Non-impact hip and core strengthening – body boards, bridging (progressing from double to single leg), mini band drills, physioball drills • Non-impact balance (progressing to single leg) and proprioceptive drills • Half kneeling progression: stability, to reaching, to rotation, to resisted rotation • Unilateral leg press • Hip active ROM using D1 and D2 patterns with proprioceptive neuromuscular facilitation • Stretching for patient specific muscle imbalances
Cardiovascular Exercise	<ul style="list-style-type: none"> • Non-impact endurance training; stationary bike, Nordic track, swimming, deep water run, cross trainer
Progression Criteria	<ul style="list-style-type: none"> • Normal gait on all surfaces • Ability to carry out functional movements without unloading affected leg or pain, while demonstrating good control • Single leg balance greater than 15 seconds