



## **Hip Abductor Tendon/Gluteus Medius Repair**

### **Patient Discharge Instructions and Rehabilitation Protocol**

#### **For Patients/Discharge Instructions:**

- a. **Weight Bearing:** Toe touch weight bearing weeks 0-2 with crutches/walker. Partial 50% weight bearing weeks 2-6 with crutches/walker.
- b. **Dressing:** In most cases a waterproof bandage will be used. It is ok to shower normally, but do not soak the hip/bandage. Leave the dressing on until your follow up appointment unless it becomes saturated then ok to remove and call the office. A small amount of drainage on the bandage is normal.
- c. **Brace:** Use brace at all times except showers/PT until week 4. Brace should be used for sleeping for first 2 weeks and then can be removed for sleeping after week 2.
- d. **Activity:** In general you should spend the first 48 hours after surgery resting/recovering. It is encouraged to get up and move around the house every couple hours. After a couple days you may resume light activity.
- e. **Pain Medication:** Take the pain medication as prescribed. You may supplement your pain medication with over the counter Tylenol and Ibuprofen. Please make sure you are not exceeding recommended doses (4 gm of Tylenol per 24 hour).
- f. **Other Medications:** Please take 81 mg aspirin daily, beginning the day after surgery and continuing for 2 weeks. This is recommended to reduce the risk of blood clots.
- g. **Ice:** Apply ice to the operative side, 30 minutes every 2-3 hours for the first couple days after surgery. It is recommended to place a towel between your skin and the ice bag.
- h. **Physical Therapy:** You may begin physical therapy within 2 weeks from the date of your surgery. You may use the physical therapist of your choice following surgery. Please call your physical therapist as soon as you have been given a surgery date to set up your first appointment. Dr. Hazelwood's office will give you a therapy order or fax the order to the therapist. Please call the office if you did not receive a referral.
- i. **Driving:** There is no conclusive data to guide the exact time when it is safe to return to driving. You cannot drive while still on narcotic pain medications. In general, you should have minimal pain and be comfortable sitting. You should feel like it is safe for you to operate a vehicle and make invasive maneuvers should you be required to do so.

#### **I. Rehabilitation Protocol Post Op Weeks 0-4**

- a. **Weight bearing:** Toe touch weight bearing weeks 0-2 with crutches/walker. Partial 50% weight bearing weeks 2-6 with crutches/walker.
- b. **Brace:** Use brace at all times except showers/PT until week 4. Brace for sleeping for the first 2 weeks.
- c. **Range of Motion:** Limit hip range of motion from 0-90 degrees x 4 weeks. Gradually progress after week 4.



- d. **Restrictions:**
  - 1. No active hip abduction/IR x 6 weeks
  - 2. No passive hip adduction/ER x 6 weeks
- e. Hip Extension 0 degrees until week 4, then progress as tolerated.
- f. Passive hip abduction
- g. Upright bike with no resistance
- h. Soft tissue mobilization/scar massage
- i. Hip isometrics at week 2: extension/adduction
- j. Quad sets, hamstring sets, lower abdominal activation

**II. Rehabilitation Protocol Post Op Weeks 4-6**

- a. **Weight bearing:** Partial 50% weight bearing weeks 2-6 with crutches/walker
- b. **Brace:** Wean out of the brace beginning at post op week 4
- c. **Range of Motion:** Gradually progress range of motion (flexion/extension)
- d. **Restrictions:**
  - 1. No active hip abduction/IR x 6 weeks
  - 2. No passive hip adduction/ER x 6 weeks
- e. Begin light resistance upright bike
- f. Standing/prone hip extension exercises
- g. Progress pain free isometric strengthening
- h. Quadruped rocking
- i. Core/Quad/Hip strengthening progression (avoid hip flexor tendinitis)
- j. Scar Massage/modalities
- k. Aquatic therapy ok once incision fully healed

**III. Rehabilitation Protocol Post Op Weeks 6-12**

- a. **Weight bearing:** Progress to weight bearing as tolerated. Emphasis on normalizing gait pattern.
- b. **Brace:** Out of Brace
- c. **Range of Motion:** Progress as tolerated, no restrictions
- d. **Restrictions:** None, begin active hip abduction and passive hip adduction
- e. Hip IR, ER, joint mobs
- f. Hip abduction isometrics, week 8 progress to isotonic
- g. Progress resistance stationary bike
- h. Progressive hip strengthening
  - i. gluteals, iliopsoas, rotators
- i. Supine hip bridges, normalize postural and lumbopelvic control
- j. DL squat, leg press, calf raises
- k. Quadruped progression



- l. Elliptical training
- m. Week 10: single leg stance, balance board and proprioception

**IV. Rehabilitation Protocol Post Op Weeks 12-16**

- a. Progressive hip/core strengthening, progressive gluteus medius/minimus strength
- b. Progressive proprioception 2 legs to 1 leg, balance board, rocker ball, single leg stance
- c. Isokinetics knee flexion/extension
- d. Unilateral leg press, step ups/down
- e. Side Stepping with light resistance
- f. Sidelying leg raises with leg in IR
- f. Plyometric progression if good control/balance
- g. Initiate treadmill running if pain free

**V. Rehabilitation Protocol Post Op Weeks 16+**

- a. Progressive strengthening to tolerance
- b. Progress cardiovascular exercise: Bike, elliptical, swimming, forward/backwards running
- c. Continued plyometric training
- d. Agility drills
- e. Return to activity as tolerated