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Patient Name:

Date:

Date of Surgery:

Hip Arthroscopy Rehabilitation:
Gluteus medius repair with or without labral debridement

General Guidelines:

- Normalize gait pattern with brace and crutches
- 20 pounds weightbearing for 6 weeks
- Stationary bike for 2 bouts of 20-30 minutes if tolerated

Rehabilitation Schedule Goals:

- Post-op Day 1
- 1st– 2nd months: 2x/week
- 3rd month: 2-3x/week
- 4th month 1-2x/week

Precautions:

- Weightbearing restrictions to protect repair
- Avoid flexor tendonitis, trochanteric bursitis, and synovitis
- Increase range of motion with focus on flexion
 - No active abduction, IR or passive ER, adduction for 6 weeks

Guidelines:

- **Weeks 0-4**
 - Bike for 20 minutes/day (can be 2x/day)
 - Scar massage
 - Hip PROM
 - Hip flexion as tolerated, abduction as tolerated
 - Log roll
 - No active abduction and IR
 - No passive ER (4 weeks) or adduction (6 weeks)
 - Stool stretch for hip flexors and adductors
 - Hamstring isotonic
 - Hip isometrics
 - ER, adduction, extension at 2 weeks

- Pelvic tilts
- NMES to quads with SAQ with pelvic tilt
- Stool rotations /prone rotations
- Stool stretch for hip flexors and adductors
- Quadruped rocking for hip flexion
- Gait training PWB with assistive device
- Modalities
- **Weeks 4-6**
 - Continue with previous therapy
 - Gait training 20 lbs weightbearing and avoid Trendelenberg gait
 - Stool rotations IR/ER (20 degrees)
 - Supine bridges
 - Isotonic adduction
 - Progress core strengthening (avoid hip flexor tendonitis)
 - Progress with hip strengthening
 - Start isometric sub max pain free hip flexion(4 weeks)
 - Quadriceps strengthening
 - Scar massage
 - Aqua therapy in low end of water if available
- **Weeks 6-8**
 - Continue with previous therapy
 - Increase weightbearing to 100% by 8 weeks with crutches
 - Progress with ROM
 - Passive hip IR/ER
 - Stool rotation ER/IR as tolerated » Standing on BAPS » prone hip ER/IR
 - Hip Joint mobs with mobilization belt into limited joint range of motion
 - Lateral and inferior with rotation
 - Prone posterior-anterior glides with rotation
 - Progress core strengthening (avoid hip flexor tendonitis)
- **Weeks 8-10**
 - Continue with previous therapy
 - Progressive hip ROM
 - Wean off crutches (2 » 1» 0) without trendelenberg gait / normal gait
 - Progressive LE and core strengthening
 - Hip isometrics for abduction and progress to isotonics
 - Leg press (bilateral LE)
 - Isokinetics: knee flexion/extension
 - Begin proprioception/balance activities
 - Bilateral cable column rotations
 - Elliptical
- **Weeks 10-12**
 - Continue with previous therapy
 - Progressive hip ROM
 - Progressive LE and core strengthening
 - Hip PREs and hip machine

- Unilateral Leg press
 - Unilateral cable column rotations
 - Hip Hiking
 - 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 when gluteus medius is with good strength
- Side stepping with theraband
- Hip hiking on stairmaster (week 12)
- **Weeks 12+**
 - Progressive LE and core strengthening
 - Progressive hip ROM and stretching
 - Endurance activities around the hip
 - Dynamic balance activities
 - Treadmill running program
 - Sport specific agility drills
- **3,6,12 months Re-Evaluate (Criteria for discharge)**
 - 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 of uninvolved
 - Step down test