



Central Indiana Orthopedics

INVESTED IN KEEPING YOU ACTIVE

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HIP ABDUCTOR TENDON REPAIR REHABILITATION PROTOCOL (GLUTEUS MEDIUS/MINIMUS)

The intent of this protocol is to provide guidelines for your patient's therapy progression. We request that the PT/PTA/ATC should use appropriate clinical decision making skills when progressing a patient. The exercises listed are not all inclusive, you can modify exercises as long as you maintain the appropriate precautions. Please obtain documentation of the exact procedure that was performed from our office. Please contact Dr. Camilleri if there are any questions about the protocol or your patient's progression.

Please keep in mind common problems that may arise following hip arthroscopy: Hip flexor tendonitis, adductor tendonitis, sciatica/piriformis syndrome, ilial upslips and rotations, low back pain from QL hypertonicity and segmental vertebral rotational lesions. If you encounter any of these problems, please evaluate, assess and treat as you feel appropriate maintaining Dr. Camilleri's precautions and guidelines at all times. Gradual progression is essential to avoid flare-ups. If a flare-up occurs, back off with therapeutic exercises until it subsides.

Please reference the exercise progression sheet for timelines and use the following precautions during your treatments. Thank you for progressing all patients appropriately and please fax all progress notes to Dr. Camilleri's office or hand deliver with the patient. Successful treatment requires a team approach and we value your care for the patient as well as your input. Please contact Dr. Camilleri at any time with your input on how to improve the therapy protocol.

Initial Pre-operative Assessment

- Assess bilateral hips
- A/PROM
- Gait
- Strength
- Review surgical precautions
- Have patient practice putting brace on/off, practice PWB gait with crutches if able.



General Guidelines/Precautions following surgery

- Weight bearing: 2 crutches, 20 pounds weight bearing for 6 weeks
- ROM: **NO Active** hip abduction and IR and **NO Passive** hip ER and adduction for 6 weeks
- Do not push through pain or pinching, gentle stretching will gain more ROM.
- Use Continuous Passive Motion (CPM) 4 hours/day
- Use of ice therapy (GameReady, PolarCare, etc) 3-4x/day to help with inflammation
- Manage scarring around portal sites
- General precautions: Hip flexor tendonitis, Trochanteric bursitis, synovitis, scar tissue around portals

Weeks 0-4

- CPM for 4 hours/day or upright bike (no resistance) for 2 hours/day
- ROM: **NO** active hip abduction or IR. **NO** passive hip adduction, ER, or IR
 - PROM: Hip flexion to 90 for 3 weeks, gradually increasing after 3 weeks (do not push through pain)
 - PROM hip abduction as tolerated.
 - PROM Hip extension: 0 for weeks 0-3, gradually progress after week 3
- Upright bike **NO RESISTANCE** (must be painfree, begin 1/2 circles, progress to full circles)
- Joint mobilization: Grade I oscillations for pain management
- Soft tissue Mobilization:
 - Gentle scar massage
 - Gentle hip flexor
- Gait training: 20 pounds with assistive device
- Strength:
 - Hip isometrics (Begin at 2 weeks): extension, adduction
 - (Begin at 4 weeks): sub max pain free hip flexion
 - Quad sets, Hamstring sets, Lower abdominal activation
- Modalities for pain control, swelling



Weeks 4-6

- Continue with previous exercise
- Gait training: 20 pounds weight bearing until 6 weeks
- ROM: **NO** active hip abduction or IR. **NO** passive hip adduction or ER
 - Begin PROM IR (gentle, no pain)
 - Begin gentle AROM of hip flexion (avoid hip flexor tendonitis)
- Joint mobilization: Gr I-II distraction, lateral distraction
- Soft tissue massage
 - Scar, iliopsoas, TFL, ITB, piriformis, QL, lumbar paraspinals, hip adductors
- Strength
 - Progress isometric resistance
 - Quad and hamstring isotonic exercise
 - Quadrapped rocking
- Stretching
 - Manual hip flexor stretching (gentle, no pain)
 - Modified Thomas position, or pillows under buttock
- Modalities for pain control, swelling

Weeks 6-8

- Continue with previous exercise
- Gait training: increase to 100% with crutches by 8 weeks
- ROM: Passive hip IR, Active assistive hip ER, Active assistive hip abduction, adduction
 - AROM: hip flexion, extension
- Joint mobilization: Perform as needed to gain appropriate ROM
- Soft tissue massage
 - Scar, iliopsoas, TFL, ITB, piriformis, QL, lumbar paraspinals, hip adductors, gluteus medius
- Strength
 - Progress core strengthening
 - Straight leg raise, prone hip extension, supine bridge
 - Hip IR/ER using stool under knee (make sure to hold onto object for support).
 - Upright bike with resistance
- Stretching
 - Manual and self hip flexor stretching
- Modalities for pain control, swelling



Weeks 8-10

- Continue with previous exercise
- Gait training: Wean off crutches
- ROM: progress A/PROM all directions
- Joint Mobilization: As needed
- Soft tissue massage: As needed
- Strength
 - Hip abduction: Isometrics to isotonic
 - Progress LE and core strength and endurance as able
 - Begin proprioception/balance activity (2 legs to 1 leg, stable to unstable)
 - Leg press, side stepping, beginning closed chain strength, wobble board balance/taps, Single leg stance
- Stretching
 - Manual and self hip flexor stretching
- Begin Elliptical training

Weeks 10-12

- Continue with previous exercise
- Gait: Normalize without AD
- ROM: Progressive hip A/PROM
- Joint Mobilization: As needed
- Soft tissue massage: As needed
- Strength: Progressive LE and core strengthening
 - Hip PRES and hip machine
 - Unilateral leg press
 - Hip hiking
 - Eccentric step downs
 - Side stepping (no resistance-theraband at week 12)
 - Progress balance and proprioception
- Stretching
 - Manual and self: Hip flexor, hip adductors, glute, piriformis, TFL, ITB



Weeks 12-16 (Advanced Rehabilitation)

- Criteria for progression to this level
 - Full ROM
 - Painfree, normal gait pattern
 - Hip flexor strength 4/5 or better
 - Hip abd, add, ext and IR/ER strength of 4+/5 or better
- Strength
 - Progress core, hip, LE strength and endurance
 - Lunges (multi angle) -Plyometric progression (Must have good control with all exercises first)
 - Forward/Backward running program (Must have good control with all exercises first)
 - Agility drills (Must have good control with all exercises first)
- Stretching
 - Progress self and manual stretches

PRECAUTIONS

- No contact activities
- No forced (aggressive) stretching