

Gluteus Medius / Minimus Repair Rehabilitation Protocol

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Patient: _____ **DOS:** _____

Surgeon Parameters

20 lb foot-flat WB <u> 6 </u> wks	Hip abduction brace <u> 6 </u> wks	Augmented / Chronic Tear: ☐
Other Precautions:		

Parameters above are patient-specific and supersede the general timeframes below. **Tendon-to-bone healing at the greater trochanter is the rate-limiting factor: the repair is stressed by active abduction and by passive adduction/external rotation, so these are avoided for 6 wks.** Therapist to use clinical judgment to individualize exercise selection and pace within each phase.

Phase	Goals	Precautions	Treatment Focus
Phase 1 Weeks 0–6	Goals - Protect the repair; control pain and swelling - Safe protected gait with a level pelvis - Passive hip motion within limits - Quad, glute max, and core activation	Precautions 20 lb foot-flat WB with 2 crutches per parameters above (foot flat, not toe-touch) - Abduction brace per parameters above; pillow between the knees for sleep; no lying on the operative side - No active abduction or IR; no passive adduction past neutral or ER - Hip flexion $\leq 90^\circ$; no crossing the legs If augmented / chronic retracted: hold these limits to 8 wks	Treatment Focus - Ankle pumps, quad sets, glute max sets, TA bracing - Passive flexion and abduction within limits - Submax isometric adduction and extension from wk 2 - Upright bike without resistance (high seat) from wk 4 - Supine active-assisted abduction slides wks 5–6 - Gait training with crutches
► Advance to Phase 2 when: ≥ 6 wks, pain controlled at rest and with protected gait, passive flexion to 90° pain-free.			
Phase 2 Weeks 6–12	Goals - Full weight bearing; off crutches by ≈ 8–10 wks without a Trendelenburg gait - Full pain-free ROM - Begin active abduction and gentle strengthening - Single-leg stance with a level pelvis by 12 wks	Precautions - Progress WB over ≈ 2 wks: 2 crutches $\rightarrow$ 1 crutch (opposite hand) $\rightarrow$ none; keep a crutch or cane while any Trendelenburg persists - Brace off per parameters above - Abduction: active (standing/supine) from 6 wks $\rightarrow$ side-lying against gravity ≈ 8–10 wks; no bands or weights until 12 wks - No forced adduction or ER stretching; no impact If augmented / chronic retracted: shift each step ≈ 2 wks later	Treatment Focus - Gait training; pool walking assuming incision fully healed - Bike with light resistance - Submax abduction isometrics $\rightarrow$ active abduction - Bridges, quadruped work, standing weight shifts - Core strengthening; double-leg $\rightarrow$ single-leg balance
► Advance to Phase 3 when: full weight bearing with normal gait and no Trendelenburg, full pain-free ROM, single-leg stance 15 s with a level pelvis.			
Phase 3 Weeks 12–18	Goals - Abductor strength and endurance - Unrestricted daily activity, including stairs - Low-impact fitness	Precautions - Add resistance gradually; lateral hip pain lasting > 24 hrs $\rightarrow$ reduce load - No running or jumping - Avoid sustained adduction postures (crossed legs, standing with the hip hung out) while symptomatic	Treatment Focus - Resisted abduction (bands $\rightarrow$ cable/machine); side-lying abduction; side-plank progression - Step-ups, lateral step-downs, single-leg squat, band walks - Elliptical, bike, swimming, level hiking - Single-leg balance progressions
► Advance to Phase 4 when: abduction strength $\geq 80\%$ of contralateral, single-leg squat and step-down without pelvic drop, 30 min brisk walk pain-free.			

Phase	Goals	Precautions	Treatment Focus
Phase 4 Weeks 18–24+	Goals - Return to recreation, sport, or heavy work - Abduction strength $\geq 90\%$ of contralateral	Precautions - Running and impact only if the patient's goals require it and Phase 3 criteria are met - Build volume gradually	Treatment Focus - Walk–jog progression; agility and sport- or work-specific drills as needed - Long-term abductor and core maintenance program
► Full Release (typically 4–6 months / 16–24 wks): pain-free full ROM, normal gait without Trendelenburg, abduction strength $\geq 90\%$ of contralateral, activity-specific progression completed, cleared by physician.			

Special Considerations

- Many patients can discharge to a home program after Phase 3
- Return of a Trendelenburg gait, a pop, or sudden lateral hip weakness — contact the surgeon

Thank you for taking care of our patient.

This protocol serves as a general guideline and outline only. Our team defers to the clinical judgment and expertise of the treating physical therapist to make appropriate adjustments and modifications based on the individual patient's presentation, progress, and response to treatment. For any questions regarding this protocol, please contact Dr. Wollenman directly at (561) 215 – 0184.