

SANTA MONICA ORTHOPAEDIC AND SPORTS MEDICINE
AT SAINT JOHN'S HEALTH CENTER

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GLUTEUS MEDIUS REHAB PROTOCOL

* General Guidelines *

MICHAEL B. GERHARDT, M.D.

<u>Week 1 – 4</u>	<ul style="list-style-type: none"> • Touch-down weight-bearing (TDWB) with crutches (or walker). • Rest • Ice • Pain management • Bike for 10-20 min/day when comfortable/as tolerated <ul style="list-style-type: none"> - Start with 10 minutes, add 1-2 minutes/day • Hip Brace to be worn when ambulatory x 3-4 weeks • Hip Passive Range of Motion (PROM) <ul style="list-style-type: none"> - Hip flexion to 90 degrees, abduction as tolerated - NO ACTIVE ABDUCTION and INTERNAL ROTATION! - No passive external rotation or adduction for 6 weeks! • Quadruped rocking for hip flexion • Hip isometrics <ul style="list-style-type: none"> - Extension, adduction, external rotation at 2 weeks • Hamstring isometrics • Pelvic tilts • Neuromuscular Stim to quads with SAQ
<u>Week 4-6</u>	<ul style="list-style-type: none"> • Continue with previous therapy exercises • Gait training, wean from crutches • Progress with passive hip flexion greater than 90 degrees • Supine bridges • Isotonic adduction • Progress with core strengthening (avoid hip flexor tendonitis) • Progress with hip strengthening <ul style="list-style-type: none"> - Start isometric sub max pain free hip flexion • Quadriceps strengthening • Aqua therapy in shallow end of water and/or ALTER G machine

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<u>Week 6-8</u>	<ul style="list-style-type: none"> • Continue with previous therapy exercises • Gait training <ul style="list-style-type: none"> - Work on normalizing gait - Increase WB to 100% by 8 wks with crutches • Progress with ROM <ul style="list-style-type: none"> - Passive hip external rotation (ER) /internal rotation (IR) • Supine log rolling → stool rotation → Standing on BAPS <ul style="list-style-type: none"> - Hip Joint mobs with mobilization belt (if needed) • Lateral and inferior with rotation <ul style="list-style-type: none"> - Prone posterior – anterior glides with rotation • Progress with core strengthening (avoid hip flexor tendonitis)
<u>Week 8-10</u>	<ul style="list-style-type: none"> • Continue previous therapy exercises • Wean off crutches (2 → 1 → 0) • Progressive hip ROM • Progress strengthening LE • Hip isometrics for abduction and progress to isotonic • Leg press (bilateral LE) • Isokinetics: knee flexion/extension • Progress core strengthening • Begin proprioception/balance • Balance board and single leg stance • Bilateral cable column rotations • Elliptical
<u>Week 10-12</u>	<ul style="list-style-type: none"> • Continue with previous therapy exercises • 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 <ul style="list-style-type: none"> - Bilateral → Unilateral → Foam → Dynadisc - Treadmill side stepping from level surface holding on, progressing to inclines - Side stepping with theraband

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	<ul style="list-style-type: none"> • Hip hiking on stairmaster (week 12)
> 12 weeks	<ul style="list-style-type: none"> • Progressive hip ROM and stretching • Progressive LE and core strengthening • Endurance activities around the hip • Dynamic balance activities • Treadmill running program • Sport specific agility drills and plyometrics
<u>Other</u>	<ul style="list-style-type: none"> •
<u>Modalities</u>	<ul style="list-style-type: none"> • Electric Stimulation • Ultrasound • Heat before/after • Ice before/after • May participate in aquatherapy and/or ALTER G treadmill