Covenant Medical Group • Orthopaedics

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CLINICAL PROTOCOL FOR HIP ARTHROSCOPY – GLUTEUS MEDIUS REPAIR

Precautions:

- · Consistent use of night splint for 1 week
- ROM Restrictions: Hip flexion to 90° for 4 weeks, No ADD > Neutral for 6 weeks, No IR with hip flexed for 6 weeks
- No active ABD, ER or IR for 4 weeks
- No single leg stance for 4 weeks
- FWB No sooner than 5 weeks
- No reciprocal stair ambulation before Week 9

Weight Bearing (WB) Progression:

- TDWB immediately post op
- At 2 weeks, progress to 50% WB
- **At 4 weeks**, progress to 75% WB and wean to FWB when the following criteria are met: Controlled pain, non-antalgic gait pattern, normal pelvofemoral mechanics

The use of one crutch is discouraged in most cases. If necessary, please discuss with referring physician.

NOTE: Aquatic therapy may be initiated at 2 weeks post-op, pending incision healing.

Week 0-1 – Immediately Post-Op:

- Ankle pumps
- Quad sets, heel digs, glut sets, isometric hip ADD
- Curl-up
- Standing on uninvolved leg, surgical leg performed hip extension and flexion (marching) to 90 degrees
- Standing or prone hamstring curl
- Stationary bike or CPM
- · Passive ROM-knee extended IR, ABD, flexion to 90 degrees

Weeks 2-5 – WB Preparation and Progression:

- Mini squats
- Calf raises
- Bridge (add ball squeeze, unstable surface, stability ball to increase difficulty no single leg until week 10)
- LAQ, SAQ
- Hip ABD isometric
- Prone ER isometric
- Quadruped racking (week 4)
- Standing ABD (week 4)

Weeks 6-9 - Normalizing Gait, Return To ADLs:

- Clamshell
- Prone IR/ER
- Forward step/mini lunge
- Leg extension, HS curl weight machines
- ITB, piriformis, hamstring, hip flexor stretches
- Lateral side stabbing (week 8)
- Step up, step down (week 8)

Weeks 10-15 – Advanced Strengthening:

- Elliptical
- Side plank
- Lateral side stepping
- Unilateral bridging
- Lateral lunge
- Leg press

Week 16+

• Functional progression as appropriate for patient



These are general guidelines and may vary depending on your surgery/surgeon.