

Hip Arthroscopy with Gluteus Medius Repair Rehabilitation Guideline

Individual patient circumstances may affect the guideline (tear configuration, fixation used, associated procedures, etc.)
See operative note for full description

Phase	Goals	Precautions/Restrictions	Treatment
Weeks 0 – 6	<ul style="list-style-type: none"> • Protect surgical site • Reduce lower extremity edema • Regain neuromuscular control of pelvis and hip musculature • Decrease pain and inflammation 	<ul style="list-style-type: none"> • TTWB from 0-6 weeks • Avoid pinching with ROM • Avoid active straight leg raise • Brace from 0-6 weeks • Motion restrictions: <ul style="list-style-type: none"> ○ No extension or abduction > 0° ○ No flexion > 90° • First 6 weeks <ul style="list-style-type: none"> ○ No <u>active</u> hip abduction, flexion, or IR ○ No <u>passive</u> hip adduction or ER 	<ul style="list-style-type: none"> • PRICE <ul style="list-style-type: none"> ○ Cryotherapy • ROM (see restrictions): <ul style="list-style-type: none"> ○ Stationary bike (upright position), Quadruped rocking • Hip isometrics, quad sets, hamstring sets • Gait training with crutches • Initiate BFR at 2 weeks; if applicable • Initial Visit: FOTO
Weeks 6 – 8	<ul style="list-style-type: none"> • Limit Trendelenburg gait • Independence with daily activities 	<ul style="list-style-type: none"> • Progress to WBAT by 8 weeks • Avoid anterior hip pain • Caution with repetitive hip flexion activities • Limit impact activities • Discharge brace per surgeon 	<ul style="list-style-type: none"> • ROM: as tolerated <ul style="list-style-type: none"> ○ May initiate passive hip adduction and ER at six weeks ○ Begin PROM IR, AAROM of ER, abduction, and adduction ○ Stool rotations, modified Thomas position • Gait training from WBAT to independent • Core stabilization exercises • Hip bridge, SLR, prone hip extension • Neuromuscular re-education • Aerobic training: walking program, stationary bike
Weeks 8 – 12	<ul style="list-style-type: none"> • Full ROM • Normalized gait • Increase functional LE strength • Demonstrate good control with step down task at 8 inch step 	<ul style="list-style-type: none"> • Avoid painful activities • Avoid forceful hip flexion activity such as kicking • No jogging/plyometric activities 	<ul style="list-style-type: none"> • Global LE strengthening <ul style="list-style-type: none"> ○ Hip abduction isometric -> isotonic ○ Retrain psoas from trunk down ○ Strengthening at knee angles 0-60 degrees (i.e., leg press, step-up, monster walks, partial squat, SL squat) • Double limb -> single limb balance/proprioception • Continue balance/proprioceptive training • Aerobic training: elliptical, stairmaster, swimming (avoid butterfly stroke)
Weeks 12-16	<ul style="list-style-type: none"> • Full ROM • Progress functional strengthening • Isometric strength at > 80% LSI (See functional assessment for return to running criteria) • Pass Return to Run criteria 	<ul style="list-style-type: none"> • Progress running/plyometric activity • No contact activities • Avoid aggressive stretching 	<ul style="list-style-type: none"> • Increase loading capacity for lower extremity strengthening exercises <ul style="list-style-type: none"> ○ May initiate lower knee flexion angles (i.e., lateral lunge, forward lunge, depth squat) ○ Double limb -> single limb • Progress as tolerated: strength, endurance, proprioception/balance, agility, sport specific skills
Weeks 16+	<ul style="list-style-type: none"> • Pass return to sport/functional assessment • Return to sport/activity 	<ul style="list-style-type: none"> • Monitor joint pain with increase load and adjust accordingly • Return to sport 5-7 months post-op with surgeon approval 	<ul style="list-style-type: none"> • Gradually increase lifting loads focusing on form, control, and tissue tolerance • Running program • ARC Program

This guideline is not meant to be prescriptive but a recommendation to the rehabilitation process. Progress may vary based on specifics of injury and procedure.



Hip Arthroscopy Functional Assessment

Phase	Criteria	Testing
Week 12-16 Must meet criteria prior to running	<ul style="list-style-type: none"> • Full, symmetric ROM • Y-balance anterior reach asymmetry < 5 cm • Bent knee fallout < 3.6 cm difference • Quadriceps strength for isometric test > 80% of uninvolved side • Hip abduction strength for isometric test > 80% of uninvolved side 	<ul style="list-style-type: none"> • Passive and active ROM • Bent knee fallout • Isometric knee extension at 60° with handheld dynamometry (HHD) • Isometric hip abduction at neutral with HHD • Isometric single leg squat at 60° on 3PQ • FOTO, HAGOS
Months 5-7+ Must meet criteria prior return to sport	<ul style="list-style-type: none"> • Full, symmetric ROM • 100% LSI for isometric testing • 100% LSI for functional testing 	<ul style="list-style-type: none"> • Passive and active ROM • Hop Test <ul style="list-style-type: none"> ○ Triple Hop ○ Medial triple hop ○ Medial rotational hop • Isometric strength testing with HHD <ul style="list-style-type: none"> ○ Hip abduction at neutral ○ Hip flexion in seated ○ Hip IR/ER in prone • Single leg jump on 3PQ • Isometric single leg squat at 90° on 3PQ • Agility T-Test • FOTO, HAGOS

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