

Glute Tendon Reconstruction Rehabilitation Protocol

Abductor Reconstruction with Achilles Tendon Allograft

Phase	Goals	Precautions/Restrictions	Treatment
Weeks 0-6	<ul style="list-style-type: none"> Protect reconstructed tissue. 	<ul style="list-style-type: none"> Keep incisions clean and dry No range of motion. Touch weight bearing with appropriate gait aid. Brace on 24/7. Expect slower rehab and goal obtainment for Gluteus Maximus transfers with marked preoperative atrophy and limp. 	<ul style="list-style-type: none"> Gait training. Patient education on rehab process beginning at 6 weeks post-op. Initial Visit: FOTO, LEFS
Weeks 6-12	<ul style="list-style-type: none"> Full hip range of motion. Progress weight bearing to full by 12 weeks post-op. Maximize strength gains. 	<ul style="list-style-type: none"> Do not push into pain with range of motion exercises. Abduction is limited to 20 degrees thru this phase. Appropriate pain free strengthening exercise dependent on patient's weight bearing status. Increase weight bearing by 25% every two weeks. Wounds must be completely healed prior to any pool work. 	<ul style="list-style-type: none"> Physical therapist should meet with patient weekly or every two weeks to update program. Passive range of motion progressing to active assistive range of motion as able. Hip, core and lower extremity mat-based strengthening exercises. Partial weight bearing to weight bearing as tolerated with crutches. Pool exercises: Range of motion, strengthening, and walking mechanics. Week 6: FOTO, LEFS
Weeks 12-16	<ul style="list-style-type: none"> Normal walking mechanics with full weight bearing. Continue to maximize range of motion and strength gains. 	<ul style="list-style-type: none"> Avoid pain during range of motion and strengthening exercises. Patient should continue to utilize gait aid until walking mechanics are normal. Patient lower extremity stretching exercises can begin at 14 weeks post-op. 	<ul style="list-style-type: none"> Advance Lower Extremity and Core Strengthening/proprioception. <ul style="list-style-type: none"> Multi-planar Focus on hip extension strengthening for both procedures, but most important when a Gluteus Maximus transfer is performed. Cardio-vascular training: Begin with bike and advance to elliptical trainer or stairmaster once bike is at 30 minutes duration. Week 12: FOTO, LEFS



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Weeks 16-24	<ul style="list-style-type: none">• Address any gait issues that remain.• Address any asymmetry in lower extremity mobility.• Address any strength asymmetries.	<ul style="list-style-type: none">• Avoid rapid progression in agility and power exercises.	<ul style="list-style-type: none">• Continue to maximize core and lower extremity strength and flexibility.• Initiate agility exercises for athletes.• Initiate power development for athletes.• Y-balance testing.• Hand-held dynamometer testing of hip.• Week 16: FOTO, LEFS
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This protocol is not meant to be prescriptive but a recommendation to guide the rehabilitation process.
Each patient's progress may vary based on specifics of their injury and procedure.



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