



Sports Medicine, Joint Preservation & Cartilage Restoration

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Glute Tendon Repair Rehabilitation Protocol

Phase	Goals	Precautions/Restrictions	Treatment
Weeks 0 - 6	<ul style="list-style-type: none"> • Protect repair • Decrease pain and inflammation • PRICE principles • Initiate PROM • Minimize muscle atrophy 	<ul style="list-style-type: none"> • ROM limitations <ul style="list-style-type: none"> ○ Hip flexion 90 deg ○ Hip adduction 0 deg ○ Hip abduction 20 deg • Avoid passive hip adduction, hip flexion > 90 deg, extreme IR/ER • No active hip abduction, ER, IR • Hip abduction brace on when out of bed • Brace can be removed for hygiene • Foot flat weight bearing (FFWB) with axillary crutches or walker <ul style="list-style-type: none"> ○ Endoscopic repair FFWB 4 weeks ○ Open repair FFWB 6 weeks 	<ul style="list-style-type: none"> • Soft tissue and scar mobilization • Stationary bike < 90 deg hip flexion, UBE • Initiate pain free PROM <ul style="list-style-type: none"> ○ Hip flexion ○ Hip adduction ○ Hip extension ○ Hip abduction ○ Hip IR, ER prone • Week 4: Initiate isometrics <ul style="list-style-type: none"> ○ Glutes, quadriceps, hamstrings, hip adductors, transverse abdominis, begin hip abduction isometrics • Week 4: begin isotonic <ul style="list-style-type: none"> ○ Ankle, knee and hip extension • Cryotherapy 3-5x/day • Modalities as needed • Initial Visit: FOTO, LEFS
Weeks 6 - 12	<ul style="list-style-type: none"> • Begin formal PT • Achieve full hip A/PROM • Normalize unassisted gait 	<ul style="list-style-type: none"> • Avoid contralateral hip drop with gait, closed kinetic chain (CKC) exercises • Avoid running, impact, rotation, cutting • Discontinue brace once transitioned to full weight bearing 	<ul style="list-style-type: none"> • Gait training: <ul style="list-style-type: none"> ○ Week 6-8: Progress to 50% weight bearing ○ Week 8-12: Progress to full weight bearing ○ Endoscopic repair will begin to progress weight bearing at 4 weeks • Progress Hip ROM as tolerated • Advance lower extremity (LE) CKC exercises <ul style="list-style-type: none"> ○ Single plane/multi joint ○ Multi plane/multi joint • Initiate proprioception and balance training • Progress nonimpact cardiovascular exercise • Cryotherapy: daily • Modalities: as needed • Week 12: Functional testing per MD • Week 6: FOTO, LEFS



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Weeks 12-18	<ul style="list-style-type: none"> • Resume normal activities of daily living • Obtain $\geq 80\%$ limb symmetry <ul style="list-style-type: none"> ○ HHD ○ Clinical dynamometer isometric testing ○ Unilateral Hip Bridge Endurance Test (UHBET) • Achieve Y balance ≤ 4 cm difference in anterior direction; $\geq 90\%$ LSI in posterior direction 	<ul style="list-style-type: none"> • Avoid hip flexor and lateral hip muscle irritation • Monitor pain and swelling pre and post rehab sessions • Examine movement quality, particularly frontal plane, with all exercise • Avoid running, impact, cutting 	<ul style="list-style-type: none"> • Advance Lower Extremity and Core Strengthening <ul style="list-style-type: none"> ○ Single to Multi-plane/multi joint ○ Double leg to single leg • Progress aerobic and anaerobic interval training – elliptical, bike with resistance • Cryotherapy: as needed • Week 18: Functional testing per MD • Week 12: FOTO, LEFS
Weeks 18-24	<ul style="list-style-type: none"> • Obtain $\geq 90\%$ limb symmetry <ul style="list-style-type: none"> ○ HHD ○ Clinical dynamometer testing ○ Unilateral Hip Bridge Endurance Test (UHBET) • Initiate return to run program • Single leg hop testing $\geq 90\%$ limb symmetry • Progressive return to sport 	<ul style="list-style-type: none"> • Based on MD approval • Monitor pain and swelling pre and post rehab sessions • Examine movement quality with all exercise • Systematic initiation of power, speed, impact and return to sport activities 	<ul style="list-style-type: none"> • Initiate walk to run program • Progress agility, plyometric activities <ul style="list-style-type: none"> ○ Simple to complex ○ Single plane to multiplanar ○ Low load to high load ○ Low velocity to high velocity • Advance Sport specific activity <ul style="list-style-type: none"> ○ Low level to higher demand ○ Moderate speed to high speed • Maximize anaerobic and aerobic training • Cryotherapy-as needed • Week 24: Functional testing per MD • Week 18/24: FOTO, LEFS

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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