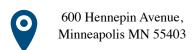
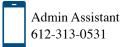


## **Glute Tendon Repair Rehabilitation Protocol**

Phase	Goals	Precautions/Restrictions	Treatment
Weeks 0 - 6	<ul> <li>Protect repair</li> <li>Decrease pain and inflammation</li> <li>PRICE principles</li> <li>Initiate PROM</li> <li>Minimize muscle atrophy</li> </ul>	<ul> <li>ROM limitations         <ul> <li>Hip flexion 90 deg</li> <li>Hip adduction 0 deg</li> <li>Hip abduction 20 deg</li> </ul> </li> <li>Avoid passive hip adduction, hip flexion&gt;90 deg, extreme IR/ER</li> <li>No active hip abduction, ER, IR</li> <li>Hip abduction brace on when out of bed</li> <li>Brace can be removed for hygiene</li> <li>Foot flat weight bearing (FFWB) with axillary crutches or walker         <ul> <li>Endoscopic repair FFWB 4 weeks</li> <li>Open repair FFWB 6 weeks</li> </ul> </li> </ul>	<ul> <li>Soft tissue and scar mobilization</li> <li>Stationary bike &lt;90 deg hip flexion, UBE</li> <li>Initiate pain free PROM         <ul> <li>Hip flexion</li> <li>Hip adduction</li> <li>Hip abduction</li> <li>Hip abduction</li> <li>Hip IR, ER prone</li> </ul> </li> <li>Week 4: Initiate isometrics         <ul> <li>Glutes, quadriceps, hamstrings, hip adductors, transverse abdominis, begin hip abduction isometrics</li> </ul> </li> <li>Week 4: begin isotonics         <ul> <li>Ankle, knee and hip extension</li> </ul> </li> <li>Cryotherapy 3-5x/day</li> <li>Modalities as needed</li> <li>Initial Visit: FOTO, LEFS</li> </ul>
Weeks 6 - 12	<ul> <li>Begin formal PT</li> <li>Achieve full hip A/PROM</li> <li>Normalize unassisted gait</li> </ul>	<ul> <li>Avoid contralateral hip drop with gait, closed kinetic chain (CKC) exercises</li> <li>Avoid running, impact, rotation, cutting</li> <li>Discontinue brace once transitioned to full weight bearing</li> </ul>	<ul> <li>Gait training:         <ul> <li>Week 6-8: Progress to 50% weight bearing</li> <li>Week 8-12: Progress to full weight bearing</li> <li>Endoscopic repair will begin to progress weight bearing at 4 weeks</li> </ul> </li> <li>Progress Hip ROM as tolerated</li> <li>Advance lower extremity (LE) CKC exercises         <ul> <li>Single plane/multi joint</li> <li>Multi plane/multi joint</li> </ul> </li> <li>Initiate proprioception and balance training</li> <li>Progress nonimpact cardiovascular exercise</li> <li>Cryotherapy: daily</li> <li>Modalities: as needed</li> </ul>





• Week 6: FOTO, LEFS

• Week 12: Functional testing per MD

## Weeks 12-18

- Resume normal activities of daily living
- Obtain ≥80% limb symmetry
  - o HHD
  - Clinical dynamometer isometric testing
  - Unilateral Hip Bridge
     Endurance Test (UHBET)
- Achieve Y balance ≤4 cm difference in anterior direction; ≥90% LSI in posterior direction

- 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
- Advance Lower Extremity and Core Strengthening
- Single to Multi-plane/multi joint
- o 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

- Obtain ≥90% limb symmetry
  - o HHD
  - Clinical dynamometer testing
  - Unilateral Hip Bridge
     Endurance Test (UHBET)
- Initiate return to run program
- Single leg hop testing ≥90% limb symmetry
- Progressive return to sport

- 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
- Initiate walk to run program
- Progress agility, plyometric activities
  - Simple to complex
  - o Single plane to multiplanar
  - Low load to high load
  - Low velocity to high velocity
- Advance Sport specific activity
  - Low level to higher demand
  - o 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.

