Sports Medicine, Joint Preservation & Cartilage Restoration
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# Glute Tendon Repair Rehabilitation Protocol

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

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| Weeks 12-18 | • Resume normal activities of daily living<br>• Obtain ≥80% limb symmetry<br>  ○ HHD<br>  ○ Clinical dynamometer isometric testing<br>  ○ Unilateral Hip Bridge Endurance Test (UHBET)<br>• Achieve Y balance ≤4 cm difference in anterior direction; ≥90% LSI in posterior direction | • Avoid hip flexor and lateral hip muscle irritation<br>• Monitor pain and swelling pre and post rehab sessions<br>• Examine movement quality, particularly frontal plane, with all exercise<br>• Avoid running, impact, cutting | • Advance Lower Extremity and Core Strengthening<br>  ○ Single to Multi-plane/multi joint<br>  ○ Double leg to single leg<br>• Progress aerobic and anaerobic interval training – elliptical, bike with resistance<br>• Cryotherapy: as needed<br>• Week 18: Functional testing per MD<br>• Week 12: FOTO, LEFS |
| Weeks 18-24 | • Obtain ≥90% limb symmetry<br>  ○ HHD<br>  ○ Clinical dynamometer testing<br>  ○ Unilateral Hip Bridge Endurance Test (UHBET)<br>• Initiate return to run program<br>• Single leg hop testing ≥90% limb symmetry<br>• Progressive return to sport | • Based on MD approval<br>• Monitor pain and swelling pre and post rehab sessions<br>• Examine movement quality with all exercise<br>• Systematic initiation of power, speed, impact and return to sport activities | • Initiate walk to run program<br>• Progress agility, plyometric activities<br>  ○ Simple to complex<br>  ○ Single plane to multiplanar<br>  ○ Low load to high load<br>  ○ Low velocity to high velocity<br>• Advance Sport specific activity<br>  ○ Low level to higher demand<br>  ○ Moderate speed to high speed<br>• Maximize anaerobic and aerobic training<br>• Cryotherapy-as needed<br>• Week 24: Functional testing per MD<br>• 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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