



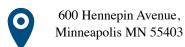
Mayo Clinic

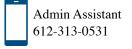
600 Hennepin ave, Minneapolis , MN Ph: 612-502-5386

www.KelechiOkorohaMD.com

Glute Tendon Repair Rehabilitation Protocol

Phase	Goals	Precautions/Restrictions	Treatment
Weeks 0 - 6	 Protect repair Decrease pain and inflammation PRICE principles Initiate PROM Minimize muscle atrophy 	 ROM limitations 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 Endoscopic repair FFWB 4 weeks Open repair FFWB 6 weeks 	 Soft tissue and scar mobilization Stationary bike <90 deg hip flexion, UBE Initiate pain free PROM Hip flexion Hip adduction Hip abduction Hip lR, ER prone Week 4: Initiate isometrics Glutes, quadriceps, hamstrings, hip adductors, transverse abdominis, begin hip abduction isometrics Week 4: begin isotonics Ankle, knee and hip extension Cryotherapy 3-5x/day Modalities as needed Initial Visit: FOTO, LEFS
Weeks 6 - 12	 Begin formal PT Achieve full hip A/PROM Normalize unassisted gait 	 Avoid contralateral hip drop with gait, closed kinetic chain (CKC) exercises Avoid running, impact, rotation, cutting Discontinue brace once transitioned to full weight bearing 	 Gait training: 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 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







Orthopedics and Sports Medicine

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
 - 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.

