

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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