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HIP ABDUCTOR REPAIR PROTOCOL (Gluteus Medius/Minimus Repair)

The following protocol should be used as a guideline for rehabilitation progression, but may need to be altered pending the nature and extent of the surgical procedure, healing restraints or patient tolerance.

It is essentially a protocol for return to sports rehab after Non-LARS ligament soft tissue repair only. Details and goals will need to be scaled back for older patients while there is also some relaxation of precautions with the LARS ligament in situ as it generally acts as a load sharing device and the repair often does not have the same degree of tightness as a direct soft tissue to bone repair.

- Patient will be released from the hospital the same day as surgery.
- Patient will be TTWB-PWB <15 kg for the first 4-6 weeks post-operatively and will need to use crutches or another assistive device. After 8 weeks, weight bearing will progress gradually according to patient tolerance.
- Patient should limit hip flexion to about 90 degrees in order to avoid stress to the repair site.
- Patient should also avoid excessive external rotation or internal rotation of the hip for 4-6 weeks post-operatively in order to avoid stressing the repair site.
- Surgical dressing should be removed 2 days post-operatively.
- Patient may shower at 2 days post-op, but soaking in a tub should be avoided until wounds are healed and swelling is controlled.
- Begin outpatient physical therapy 2-3 days post-op.
- The rehab program will proceed cautiously for the first 2-3 months, after which functional progression will be determined by patient's tolerance to the exercises and general activity.
- Patients may feel like they are doing better than they really are at approximately one month post-op, so they should still be reminded to be cautious in order to avoid symptoms of overdoing their activity. Controlled activity level will lessen the risk of a setback. Time and patience are of the utmost importance in the recovery process.

ABDUCTOR REPAIR PROTOCOL PHASE 1: INITIAL PHASE

Week 1

- Ankle pumps
- Glut sets
- Quad sets
- Hamstring sets
- Adductor isometrics
- Heel slides
- Pelvic tilts
- Double leg bridges
- Seated knee extensions
- Prone on elbows Press-ups for Iliopsoas and Abdominal stretch (avoid low back pain)
- Prone knee flexion prone on elbows with knee flexion
- Standing hip flexion and extension (depending on comfort level) hip exercises without resistance
- Hip mobilization (grade I) – PRN for pain relief

Week 2

Continue with previous exercises, but may add:

- Supine marching with PPT (90 degrees)
- Modified dead bug with PPT (90 degrees)
- Superman in prone on a pillow
- Supine hamstring stretches with a belt
- Supine Iliopsoas/Rectus Femoris stretch with involved leg off of table as tolerated
- Stationary bike without resistance
- Standing 2 way hip exercises with Theraband resistance – start very low resistance

Week 3

Continue with previous exercises, but may add:

- Leg raises – extension and flexion
- Seated physioball progression of hip flexion
- Active range of motion with gradual end range stretch within tolerance

Patient may progress to Phase 2 when they have achieved the following: minimal pain with phase 1 exercises, 90 degrees of pain free flexion, minimal range of motion limitations with internal rotation/extension/abduction

PHASE 2: INTERMEDIATE PHASE

Weeks 4-6

Continue with previous or modified versions of previous exercises, but may add:

- Crunches
- Double leg bridges on the ball
- Gradually increase resistance with stationary bike
- Standing adduction with theraband resistance
- Aquatic exercises- flutter kick, swimming, 4 way hip with water weights as tolerated, step ups
- Superman in quadruped
- Single leg bridges as tolerated

Patient may progress to Phase 3 when they have achieved the following: 105 degrees of flexion, 20 degrees of ER, hip flexion strength >60% uninvolved side, adduction/IR/extension/ER strength 70% uninvolved side, pain free with phase 2 exercises

PHASE 3: ADVANCED PHASE

Week 7

Continue with previous or modified versions of previous exercises, but may add:

- Log rolling
- Calf Raises
- Physioball exercises – hip lift, bent knee hip lift, hamstring curls, balance

Week 8 (start to wean off of crutches)

Continue with previous or modified versions of previous exercises, but may add:

- Mini squats
- Leg press (start with minimal resistance and increase by patient tolerance)
- Step-Up
- Side stepping over cones
- Core strengthening on physioball
- Abduction isometrics- minimal resistance without pain

Week 9

Continue with previous or modified versions of previous exercises, but may add:

- Standing abduction without resistance
- Elliptical
- Seated IR/ER
- Clamshells

Week 10

Continue with previous or modified versions of previous exercises, but may add:

- Sidelying abduction without resistance as tolerated (instead of standing)
- Single leg balance
- Abduction and adduction leg raise

- BOSU squats

Patient may progress to Phase 4 when they have achieved the following: gluteus medius strength 60- 70%, patient can perform phase 3 exercises without pain, pain-free, normal gait pattern.

PHASE 4: SPORTS SPECIFIC REHAB CLINIC BASED PROGRESSION

Weeks 11-15

Continue with previous or modified versions of previous exercises, but may add:

- Standing abduction with Theraband resistance as tolerated without pain
- Pool running
- Lateral step ups
- Elliptical
- Step drills, quick feet step ups, forward, lateral, carioca
- Plyometrics – double leg and single leg shuttle jumps
- Theraband walking patterns 1 rep of six exercises at 50 yards – forward, sidestepping, carioca, monster steps, backward, half circles.
- Sidestepping with resistance – can use sports cord
- Single leg body squats
- Lunges – from single plane to tri-planar; add medicine balls for resistance
- Sport specific training

Patient may progress to final phase when they have achieved the following: single leg mini squat with a level pelvis, can perform phase 4 exercises with proper body mechanics and without pain.

FINAL PHASE

Weeks 16+

Continue with previous or modified versions of previous exercises, but may add:

- Running progression
- Sport specific drills
- Traditional weight training
- Plyometric training

Criteria for full return to sport:

- Full range of motion
- Hip strength equal to uninvolved side; single leg pick-up with level pelvis
- Ability to perform sport-specific drills at full speed without pain
- Completion of functional sports test
- Restore full gluteus medius strength before higher level activities are added