



SCHOOL OF MEDICINE

DEPARTMENT OF
ORTHOPAEDICS & REHABILITATION

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Post-operative Rehabilitation Protocol

Hip Abductor Repair

0-6 Weeks Post-Op:

- WB restrictions- Partial weight bearing up to 50%, No Brace
- Avoid active hip abduction, passive hip adduction and extreme rotations (both IR and ER) (to protect repair), passive flexion to about 90 degrees
- Do passive ROM: circumduction and flexion/abduction within restrictions
- Isometrics: TA, glutes, quads, HS, adductors, can do quad and HS isotonic
- Add TA with marching legs once patient has good TA activation
- TKE for quad respecting WB restrictions
- Quadruped rocking—to 90 degrees of flexion (progress beyond gently 6 weeks post-op)
- Well-biking, no resistance, start 5 min, work up to 20-30 min, 2 times/day
- Prone lying if hip flexor tightness, anterior hip pinching
- 5-6 Weeks Post-Op:
 - Quadruped glute max kick back with theraband (or no band if very weak)—1-2 weeks before progressing WB with crutches/assisted device
 - Gradual progression to full weight bearing w/o assistance
 - Bridging—start 1 week before progressing WB with crutches/assisted device
 - *Imperative that gluteus maximus is activating with these exercises

6 - 8 Weeks Post-Op:

- Continue above
- Progress ROM gently
- Hip abduction isometrics (sub-max)—start gently (not into any pain) 1 week before progressing WB with crutches/assistive device
- TKE for quad with progressed WB
- Gentle scar mobilizations and soft-tissue work
- Progress WB with crutches/assisted devices (start with 2 crutches or walker initially)

8 - 10 Weeks Post-Op:

- Gait training (see WB restrictions from surgeon)—wean from crutches/assistive device at patient's tolerance to ensure normalized gait pattern. No limping/no pain.
- Double leg squat backs (glute max/hip dominant), no pain, make sure patient is able to activate gluteus maximus properly

- Add theraband around knees with bridging
- Continue TA/core work
- Hip ER ex's
- Scar mobilizations, STM through glute med/min/TFL, and any other tightness: adductors, iliopsoas, rectus femoris
- Posterior capsule hip mobilization if needed, will help activate glute max

10 - 12 Weeks Post-Op:

- Continue to progress gait (goal is normalized gait pattern at this stage)
- Continue above exercises
- Progress double leg squat backs to single leg (toe touch as intermediate), no pain
- Initiate more SL strengthening and gluteus medius focused work (no pain)
- Begin proprioception activities
- Address any ROM restrictions, soft-tissue restrictions

12 - 14 Weeks

- Progress tri-planar, CKC gluteal/LE strength, making sure patient is getting good gluteal activation
- Progress proprioception

14 Weeks and beyond

- Continue strength/endurance and proprioception progression
- Plyometrics and agility if applicable (only if adequate gluteal ext, abd, ER strength is present)
- Return to running program if applicable (only if adequate gluteal ext, abd, ER strength is present)