Gluteal Tendon Reattachment / Reconstruction Rehabilitation Protocol

Jacob Mikula MD | Orthopedic Sports Medicine

This protocol provides general guidelines for rehabilitation following gluteal tendon reattachment / reconstruction. Progression should be individualized based on the procedure, healing, and patient response, with modifications as directed by the surgeon. Abductor reconstruction with Achilles tendon allograft; abductor reconstruction with gluteus maximus transfer.

Phase	Goals	Precautions / Restrictions	Treatment
Weeks 0-6	● Protect reconstructed tissue.	● Keep incisions clean and dry ● **No range of motion.** ● Touch weight bearing with appropriate gait aid. ● Brace on 24/7. ● Expect slower rehab and goal obtainment for Gluteus Maximus transfers with marked preoperative atrophy and limp.	**General guidelines** ● Gait training. **Initial Visit** ● FOTO, LEFS **Week 6** ● Patient education on rehab process beginning at 6 weeks post-op.
Weeks 6-12	● Full hip range of motion. ● Progress weight bearing to full by 12 weeks post-op. ● Maximize strength gains.	● **Do not push into pain with range of motion exercises.** ● Abduction is limited to **20 degrees** thru this phase. ● Appropriate pain free strengthening exercise dependent on patient's weight bearing status. ● Increase weight bearing by **25%** every two weeks. ● Wounds **must be completely healed prior to any pool work.**	**General guidelines** ● Physical therapist should meet with patient weekly or every two weeks to update program. ● Passive range of motion progressing to active assistive range of motion as able. ● Hip, core and lower extremity mat-based strengthening exercises. ● Partial weight bearing to weight bearing as tolerated with crutches. ● Pool exercises: Range of motion, strengthening, and walking mechanics. **Week 6** ● FOTO, LEFS
Weeks 12-16	● **Normal walking mechanics with full weight bearing.** ● Continue to maximize range of motion and strength gains.	● **Avoid pain during range of motion and strengthening exercises.** ● Patient should continue to utilize gait aid until walking mechanics are **normal.** ● Patient lower extremity stretching exercises can begin at 14 weeks post-op.	**General guidelines** ● Advance Lower Extremity and Core Strengthening/proprioception. ● Multi-planar ● Focus on hip extension strengthening for both procedures, but most important when a Gluteus Maximus transfer is performed. ● Cardio-vascular training: Begin with bike and advance to elliptical trainer or stairmaster once bike is at 30 minutes duration. **Week 12** ● FOTO, LEFS

Phase	Goals	Precautions / Restrictions	Treatment
Weeks 16-24	● Address any gait issues that remain. ● Address any asymmetry in lower extremity mobility. ● Address any strength asymmetries.	● **Avoid rapid progression in agility and power exercises.**	**General guidelines** ● Continue to maximize core and lower extremity strength and flexibility. ● Initiate agility exercises for athletes. ● Initiate power development for athletes. ● Y-balance testing. ● Hand-held dynamometer testing of hip. **Week 16** ● FOTO, LEFS