Gluteal Tendon Repair Rehabilitation Protocol

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This protocol provides general guidelines for rehabilitation following gluteal tendon repair. Progression should be individualized based on the procedure, healing, and patient response, with modifications as directed by the surgeon.

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
		● Abduction pillow between legs if sleeping in side-lying position
		● Foot flat weight bearing (FFWB) with axillary crutches or walker
			General guidelines
			● Soft tissue and scar mobilization
			● Stationary bike **<90 deg** hip flexion, UBE
			● Initiate pain free PROM
			  ● Hip flexion
			  ● Hip adduction
			  ● Hip extension
			  ● Hip abduction
			  ● Hip IR, ER prone
			● Cryotherapy 3-5x/day
			● Modalities as needed
			Initial Visit
			● FOTO, LEFS
			Week 4
			● Initiate isometrics
			  ● Glutes, quadriceps, hamstrings, hip adductors, transverse abdominis, begin hip abduction isometrics
			● begin isotonics
			  ● Ankle, knee and hip extension

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**
			General guidelines
			● 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 6
			● FOTO, LEFS
			Weeks 6–8
			● Gait training: Progress to **50%** weight bearing
			Weeks 8–12
			● Gait training: Progress to full weight bearing
			Week 12
			● Functional testing **per MD**

Phase	Goals	Precautions / Restrictions	Treatment

Weeks 12-18	• Resume **normal activities of daily living**
	• Obtain **≥80%** limb symmetry
	  • 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**
			General guidelines
			• Advance Lower Extremity and Core Strengthening
			  • 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 12
			• FOTO, LEFS
			Week 18
			• Functional testing **per MD**

Weeks 18-24	• Obtain **≥90%** limb symmetry
	  • 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
			General guidelines
			• Initiate walk to run program
			• Progress agility, plyometric activities
			  • Simple to complex
			  • 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 18/24
			• FOTO, LEFS
			Week 24
			• Functional testing **per MD**