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HIP ARTHROSCOPY - GLUTEUS MEDIUS REPAIR WITH OR WITHOUT LABRAL DEBRIDEMENT REHABILITATION PROTOCOL

(TO BE GIVEN TO PHYSICAL THERAPIST)

	WEIGHT BEARING	ROM	THERAPEUTIC EXERCISE
WEEK 1-4:	Touch Down Weight Bearing with crutches (about 20 lbs. of force)	 Avoid pinching feeling with ROM No active abduction or internal rotation No passive external rotation or adduction Flexion: 0-90⁰ Extension: 0⁰ (avoid hyperextension) Abduction: as tolerated 	 Exercise bike without resistance immediately (POD#1 if possible) 20 minutes per day (can be 2x per day) Gait training PWB with crutches Isometrics: Quad setting, gluteal setting, hamstring digs with knee support, plantarflexion/dorsiflexion, eversion/inversion strengthening Prone lying STM mobilization, scar massage No joint/capsular mobilizations
WEEK 4-6:	Continue Touch Down Weight Bearing with crutches (about 20 lbs. of force)	 Progress with passive hip flexion beyond 90 degrees Passive range of motion as tolerated within pain free range 	 Avoid straight leg raises (flexion) to prevent post-operative hip flexor tendonitis Continue to protect repaired tissue, avoid joint/capsular mobilizations Restore hip ROM Hamstring isometrics Progress hip/core/quad strengthening



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WEEKS 6- 12:	• Full	• Full	 Continue previous phase exercise Begin straight leg raises (flexion) Continue to protect repaired tissue, avoid joint/capsular mobilizations Stationary bike with resistance Gluteal Isometrics Hamstring isometrics Avoid side-lying abduction against gravity until 12 weeks Progress balance and proprioception
WEEKS 12+:	Full	Full	 Treadmill walking, progressing to running when abductor strength is equal to contralateral side Single leg squats Lunges Side planks Plyometrics Sport Specific Training if hip strength 80% of contralateral side Return to sport 4-6 months if cleared by MD