# Abductor Repair
# Full Thickness Tear Repair
# (Gluteus Medius and/or Minimus)

**Christopher M. Larson, MD**
Protocol was developed in collaboration with Margi Heie, MPT, OCS

This protocol provides you with general guidelines for initial stage and progression of rehabilitation according to specified time frames. Specific changes in the program will be made by the physician as appropriate for the individual patient.

****Please fax initial assessment and subsequent progress notes directly to TCO at 952-944-0460***

- Brace 4 weeks, Crutches/Walker NWB or Foot Flat (NWB) 6-8 weeks, Abduction pillow at night 3-4 weeks.

*Key is to maximize glute max and hip ER strength, pelvic floor and transverse abdominus strength. This will translate to normalized function and gait.

*Do not push too fast, or the patient will have set backs and pain. When this does happen, dial back, make sure the glute max is still activated.

## 0 – 6 WEEKS POST-OP

- WB restrictions as above
- **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 isotonics
- 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
    - 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. (2 crutches→1 crutch→no crutches)
- 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 POST-OP

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

## 14 WEEKS POST-OP 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)