



Gluteus Tendon Repair (Abductor Tendons) Physical Therapy Protocol

PHASE 1: Generally 0-6 Weeks Post-Op

- **General: Brace 4 weeks**
 - Crutches/Walker NWB or Foot Flat (NWB) 6-8 weeks
 - Abduction pillow at night 3-4 weeks
- **Range of Motion**
 - Avoid active hip abduction, passive hip adduction and extreme rotations (both IR and ER) (to protect repair),
 - Passive flexion to about 90 degrees
- **Exercises @ 2-3 weeks**
 - 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
- **Exercises @5-6 weeks**
 - 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



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PHASE 2: Generally 7-12 Weeks Post-Op

- **Range of Motion as tolerated; progress to full**
- **Exercises @ 6-8 weeks**
 - 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)
- **Exercises @ 8-10 weeks**
 - 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
- **Exercises @ 10-12 weeks**
 - 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



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PHASE 3: Generally 12-16 Weeks Post-Op

- **Range of Motion: Full Painless Motion**
- **Exercises @ 12-14 weeks**
 - Continue previous strengthening and rehabilitation exercises
 - Progress tri-planar, CKC gluteal/LE strength, making sure patient is getting good gluteal activation
 - Progress proprioception
- **Exercises @ 14-16 weeks**
 - 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)
- **Exercises beyond 16 weeks**
 - Resume all activities and functional rehabilitation



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