



Post-operative Rehabilitation Protocol

Hip Gluteal Tendon Repair

Phase 1 (0-2 weeks post op):

Goals	<ul style="list-style-type: none"> • Protect repair • Control post-operative pain, inflammation, and swelling • Emphasis on compliance to HEP and WB precautions/restrictions
Brace/Precautions/ Crutch Use	<ul style="list-style-type: none"> • Weight bearing: <ul style="list-style-type: none"> ○ 25% partial weight-bearing with crutches ○ Gait/crutch training if needed • Brace as indicated based on severity of tear
Range of Motion	<ul style="list-style-type: none"> • Gentle PROM <ul style="list-style-type: none"> ○ Hip flexion to 90° ○ Hip abduction as tolerated ○ Hip extension to neutral • No passive hip adduction, external rotation, or internal rotation • No active hip abduction or internal rotation
Strengthening	<ul style="list-style-type: none"> • Upright stationary bike with no resistance – push pedal with non-op leg • Joint mobilization • Soft mobilization (gentle scar massage and hip flexor massage) • Hip isometrics in extension and adduction • Quad sets, hamstring sets • Lower abdominal activation
Home Instructions	<ul style="list-style-type: none"> • Keep surgical dressings clean and dry • Change surgical bandages on the 2nd day after surgery (keep covered until first clinic visit) • Avoid getting sutures wet until at least 5 days after surgery (do not scrub, soak, or submerge the incisions) • Note DVT (blood clot) prophylaxis medications provided by your surgeon to take following surgery – follow those instructions carefully

Phase 2 (2-6 weeks post op):

Goals	<ul style="list-style-type: none"> • Control pain and inflammation • Promote healing • Continue with physical therapy and range of motion
Brace/Precautions/ Crutch Use	<ul style="list-style-type: none"> • 50% weight-bearing with crutches • Advance weight-bearing gradually with goal to wean off crutches at week 6-8 <ul style="list-style-type: none"> ○ Gait training/crutch weaning
Range of Motion	<ul style="list-style-type: none"> • Slowly advance ROM as tolerated • Active-assisted hip abduction/internal rotation • PROM external/internal rotation and adduction to neutral • AROM hip flexion

Strengthening	<ul style="list-style-type: none"> • Continue as above • Progress to isometric resistance • Core stabilization and strengthening exercises
Home Instructions	<ul style="list-style-type: none"> • Restore normal activities of daily living
Suggested Exercises	<ul style="list-style-type: none"> • Continue Phase 1 exercises as appropriate • Quad/hamstring isotonic exercises • Quadruped rocking • Supine bridges • Prone hip extension • Include stretching <ul style="list-style-type: none"> ○ Manual hip flexor stretching ○ Modified Thomas position

Phase 3 (6-12 weeks post-op):

Goals	<ul style="list-style-type: none"> • Normalize gait, work on symmetry • Advance ROM • Continue pain and inflammation control
Precautions	<ul style="list-style-type: none"> • Weight-bearing as tolerated (wean by week 8 if not yet done)
Range of Motion	<ul style="list-style-type: none"> • Progress PROM as tolerated • Start active hip abduction and internal rotation
Strengthening	<ul style="list-style-type: none"> • Progress lower extremity and core strengthening as tolerated
Home Instructions	<ul style="list-style-type: none"> • Restore normal activities of daily living • Progress slow walking on level surfaces
Suggested Exercises	<ul style="list-style-type: none"> • Continue from phase 2 • Eccentric step downs • Lateral walks, side stepped – no bands • Balance and proprioception – start bilaterally • Continue stretching – manual and self-directed <ul style="list-style-type: none"> ○ Hip flexor ○ Adductor ○ Glutes ○ Piriformis ○ ITB ○ TFL

Phase 4: after 12 weeks post-op

Goals	<ul style="list-style-type: none"> • Full range of motion • Work towards normalizing gait • Return to normal ADLs and prior level of function
Precautions	<ul style="list-style-type: none"> • Pain with therapeutic exercise & functional activities

Range of Motion	<ul style="list-style-type: none"> • Progress to full active ROM • Resisted abduction and internal rotation
Strengthening	<ul style="list-style-type: none"> • Gradually progress strengthening of hip abductors/adductors • Continue to advance LE strengthening and flexibility • Advance core stability and strength
Home Instructions	<ul style="list-style-type: none"> • Maintain normal activities of daily living • Normalize gait
Suggested Exercises	<ul style="list-style-type: none"> • Continue to advance LE strengthening, flexibility with exercises in phase 3 • Focus on gait normalization • Lunges • Plyometrics • Balance and proprioception progression to single leg as tolerated • Advance core stability • Continue stretching

For any questions about operative details or rehabilitation guidelines, please contact the respective surgeon's Athletic Trainer at the contact information found at this link: <https://med.virginia.edu/orthopaedic-surgery/orthopaedic-divisions/sports-medicine/protocols/>