Sheridan Orthopædic ASSOCIATES, P.C.

Glute Tendon Repair Rehabilitation Protocol

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	• 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 • Week 4: Initiate isometrics ○ Glutes, quadriceps, hamstrings, hip adductors, transverse abdominis, begin hip abduction isometrics • Week 4: begin isotonics ○ Ankle, knee and hip extension • Cryotherapy 3-5x/day • Modalities as needed • Initial Visit: FOTO, LEFS
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	• Gait training: ○ Week 6-8: Progress to 50% weight bearing ○ Week 8-12: Progress to full weight bearing • 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 12: Functional testing per MD • Week 6: FOTO, LEFS

This protocol is not meant to be prescriptive but a recommendation to guide the rehabilitation process. Each patient's progress may vary based on specifics of their injury and procedure.

1050 MYDLAND ROAD, SHERIDAN, WY 82801 | 307-674-7469
SHERIDANORTHO.COM

Sheridan Orthopædic
ASSOCIATES, P.C.

Glute Tendon Repair Rehabilitation Protocol

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
			• 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 18: Functional testing per MD
			• Week 12: FOTO, LEFS

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
			• 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 24: Functional testing per MD
			• Week 18/24: FOTO, LEFS

This protocol is not meant to be prescriptive but a recommendation to guide the rehabilitation process. Each patient's progress may vary based on specifics of their injury and procedure.

1050 MYDLAND ROAD, SHERIDAN, WY 82801 | 307-674-7469
SHERIDANORTHO.COM