



Official Health Care Provider of the Louisville Cardinals

Procedure: Gluteal tendon repair

Description of Procedure: Open or endoscopic gluteus medius +/- minimus repair

PT Frequency: 1-2x wkly 0-3 mo, physician/therapist discretion afterwards. Home exercises daily.

Dressing: PT may perform dressing change as needed. Leave steri-strips in place. Ok to shower with or without dressing. No tub bathing/ soaking until wound fully healed.

	Weight Bearing	Brace	ROM	Therapeutic Exercises
Phase I: 0-4 wks	Toe touch weight bearing (TTWB) with use of crutches or walker	Keep brace on at all times except for exercises and hygiene. Wear brace at night during sleep.	Gentle PROM: 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	Exercise bike without resistance. 20 min, 2x daily. Isometrics: Quad setting, gluteal setting, hamstring digs with knee support, plantarflexion/dorsiflexion, eversion/inversion strengthening. STM mobilization, scar massage No SLR to avoid hip flexor tendinitis
Phase II: 4-12 wks	Progress to weight bearing as tolerated (WBAT). 2 crutches → 1 crutch in opposite arm → gait normalization without an assistive device	Wks 4-6: Only use brace during ambulation Wk 6 onward: Wean from brace	Progress to full	Continue with exercises per therapist discretion Minimize early SLR to avoid hip flexor tendinitis Avoid side-lying abduction against gravity until 12 weeks

	Weight Bearing	Brace	ROM	Therapeutic Exercises
Phase III: 12 wks onward	Full	None	Full	<p>Treadmill walking, progressing to running when abductor strength is equal to contralateral side</p> <p>Single leg squats, lunges, side planks, plyometrics</p> <p>Sport Specific Training if hip strength 80% of contralateral side</p> <p>Return to sport ~6 months if cleared by MD</p>

Typical follow up frequency is 2 wks with mid-level then with Dr. Richards at 4-6 wks, 3 mo, 6 mo, 9 mo, 1 yr, 2 yr, and 5 yr. Long term follow up is kindly requested for data collection. Frequency is subject to change pending patient progress. Progression back to sport is dependent on case-by-case basis and determined by Dr. Richards. If significant pain or swelling occurs, patient is expected to stop causative activity and follow up with our office. On call providers are always available.