# Hip Abductor (Gluteus Medius) Repair Protocol

March, 2025

A. 0-6 weeks post-op
   1. Gait: WBAT with AD
   2. ROM Restrictions
      a. Flexion 90°
      b. No hip adduction or IR beyond 0°
   3. Frequent cryotherapy and modalities as indicated
   4. Exercise
      a. No active hip abduction
      b. PROM within restrictions
      c. Heelslides
      d. Stretches: HS, Quad, Calf
      e. No pain isometrics (glut sets, quad sets)
      f. Seated light duty PREs: Knee Extension, HS curls
      g. Core strength/stabilization
      h. SLR and standing hip extension as tolerated
      i. Stationary bike if hip flexion < 90°

B. 6-16 weeks post-op (WB phase and progressive strength phase)
   1. Gait: Wean from AD, dependent on normal and quality gait pattern
   2. ROM, flexibility now gently progressed to tolerance in all planes
   3. Exercise
      a. Slowly progress hip abductor loads
      b. Progressive OKC, CKC, Balance/Proprioceptive, Gait work
      b. Progressive non-impact cardio

C. 16 weeks post-op (Early Sport Specific Progression)
   1. Interval jog to run progression
   2. Progressive agility work
   3. Light but progressive jumping, hopping, and plyometric work
   4. Sport specific streamlining