Trochanteric Bursectomy / Gluteus Medius Repair Post-Operative
Physical Therapy / Rehabilitation Protocol

General Guidelines:
• Normalize gait pattern with brace and crutches
• Weight-bearing: 20 lbs for 6 weeks (unless otherwise specified by Dr. Ellman)

Rehabilitation Goals:
• Seen post-op Day 1
• Seen 2x/week for 6 weeks
• Seen 2-3x/week for 6 weeks

Precautions following Hip Surgery:
• Weight-bearing will be determined by procedure
• Hip flexor tendonitis
• Trochanteric bursitis
• Synovitis
• Manage scarring around portal sites
• Increase range of motion focusing on flexion
• No active abduction, IR, or passive ER, adduction (at least 6 weeks)

Guidelines: Weeks 0-4
• Bike for 20 minutes/day (can be 2x/day)
• Aggressive Scar massage to prevent adhesions/recurrence
• Hip PROM
  o Hip flexion to 90 degrees, abduction as tolerated
  o No active abduction and IR
  o No passive ER or adduction (6 weeks)
• Quadraped rocking for hip flexion
• Gait training PWB with assistive device
• Hip isometrics
  o Extension, adduction, ER at 2 weeks
• Hamstring isotonics
• Pelvic tilts
• NMES to quads with SAQ
• Modalities

Weeks 4-6
• Continue with previous exercises
• Aggressive Scar massage to prevent adhesions/recurrence
• Gait training PWB with assistive device
  o 20 pounds through 6 weeks
• Progress with passive hip flexion greater than 90 degrees
• Supine bridges
• Isotonic adduction
• Progress core strengthening (avoid hip flexor tendonitis)
• Progress with hip strengthening
  o Start isometric sub max pain free hip flexion (3-4 wks)
  o Quadriceps strengthening
• Aqua therapy in low end of water

Weeks 6-8
• Continue with previous exercises
• Aggressive Scar massage to prevent adhesions/recurrence
• Gait training: increase WBing to 100% by 8 weeks with crutches
• Progress with ROM
  o Passive hip ER/IR
• Supine log rolling -> Stool rotation -> Standing on BAPS
  o Hip Joint mobs with mobilization belt (if needed)
• Lateral and inferior with rotation
• Prone posterior-anterior glides with rotation
  o Progress core strengthening (avoid hip flexor tendonitis)

Weeks 8-10
• Continue previous exercises
• Wean off crutches (2 -> 1 -> 0)
• Progressive hip ROM
• Progress strengthening LE
  o Hip isometrics for abduction and progress to isotonics
  o Leg press (bilateral LE)
  o Isokinetics: knee flexion/extension
• Progress core strengthening
• Begin proprioception/balance
  o Balance board and single leg stance
• Bilateral cable column rotations
• Elliptical
Weeks 10-12
- Continue with previous exercises
- Progressive hip ROM
- Progressive LE and core strengthening
  - Hip PREs and hip machine
  - Unilateral Leg press
  - Unilateral cable column rotations
- Hip Hiking
  - Step downs
- Hip flexor, glute/piriformis, and IT-band Stretching – manual and self
- Progress balance and proprioception
- Bilateral -> Unilateral -> foam -> dynadisc
- Treadmill side stepping from level surface holding on progressing to inclines
- Side stepping with theraband
- Hip hiking on stairmaster (week 12)

Weeks 12 +
- Progressive hip ROM and stretching
- Progressive LE and core strengthening
- Endurance activities around the hip
- Dynamic balance activities
- Treadmill jogging/running program
- Sport specific agility drills and plyometrics

3-6 months Re-Evaluate (Criteria for discharge if athlete)
- Hip Outcome Score
- Pain free or at least a manageable level of discomfort
- MMT within 10 percent of uninvolved LE
- Biodex test of Quadriceps and Hamstrings peak torque within 15 percent of uninvolved
- Single leg cross-over triple hop for distance:
  - Score of less than 85% are considered abnormal for male and female
- Step down test