

Hip Abductor Tendon Repair Rehabilitation

General Guidelines:

- Normalize gait pattern with brace and crutches
- Weight-bearing: Partial for 6 weeks (20 lbs.)

Guidelines:

Weeks 0-4

- PWB 20lbs. for 6 weeks
- Bike for 20 minutes/day (can be 2x/day)
- Scar massage
- 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)
- 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 therex
- Gait training PWB with assistive device
 - o 20 lbs. through 6 weeks
- Progress with passive hip flexion great 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 weeks)
 - o Quadriceps Strengthening
- Scar massage
- Aqua therapy in low end of water

Weeks 6-8

- Continue with previous therex
- Gait training: increase WBing to 100% by 8 weeks with crutches
- Progress with ROM
 - o Passive hip ER/IR
- Supine log rolling-> 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 therex
- Wean off crutches (2-> 1-> 0)
- Progressive hip ROM
- Progressive 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 therex
- Progresssive hip ROM
- Progressive LE and core strengthening
 - o Hip PREs and hip machine
 - o Unilateral Leg press
 - o Unilateral cable column rotations
 - o Hip Hiking
 - o 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 pressing 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 running program
- Sport specific agility drills and plyometrics

3-6 months Re-Evaluate (Criteria for discharge)

- Hip Outcome Score
- Pain free or at least a manageable level of discomfort
- MMT within 10% of uninvolved LE
- Biodex test of Quadriceps and Hamstrings peak torque within 15% of uninvolved
- Single leg cross-over triple hop for distance:
 - o Score of less than 85% are considered abnormal for male and female
- Step down test