



Austin Cole, MD

Endoscopic/Open Abductor Tendon Repair Post-Operative Protocol

Weeks 0 to 6:

- Partial thickness repair: no brace
- Full thickness repair: hip abduction brace x7 weeks
- **Weight bearing:**
 - Partial thickness repair: 50% WB x 2 weeks
 - Progress to WBAT after 2 weeks for FWB by week 4
 - Full thickness repair: 25% WB x 4 weeks then 50% x2 weeks
- **Range of motion restrictions:**
 - No active hip abduction, no active external rotation
 - Partial thickness repair: 2 weeks, avoid resistance x4 weeks
 - Avoid sidelying hip abduction x4 weeks
 - Full thickness repair: 6 weeks
 - Avoid sidelying hip abduction x8 weeks
 - No passive stretching but encourage prone positioning 2 hours per day
 - Limit hip flexion to 90 degrees, avoid IR with hip flexed
 - Partial thickness repair: x4 weeks
 - Full thickness repair: x6 weeks
- **Exercise Progression:**
 - May begin stationary bike at first visit with no resistance
 - Isometrics: quadriceps, hamstrings, hip extension, adduction
 - Hip IR/ER isometrics POD 8
 - Initiate basic core progression: pelvic tilting, TVA and breathing re-education

Weeks 4-8:

Goals

- Wean off crutches (over 7 to 10 days)
 - Start at 6 weeks for full thickness repair
 - Continue brace wear with ambulation x1 week FWB
- Normal gait
- Normal single limb stance
- Full range of motion
- Improve lower extremity muscle activation, strength and endurance

Manual therapy

- Scar mobilization
- STM to quad, ITB, hip flexors, glutes, hip adductors/abductors/rotators
- Continue work on range of motion (FABER, flexion, abduction, IR, ER)

Exercise

- Progress AROM as tolerated
- Progressing strengthening exercises including hip abduction

- Partial thickness begin resisted hip abduction at 4 weeks
 - Avoid resistance with sidelying hip abduction until 6 weeks
- Full thickness begin resisted hip abduction at 8 weeks
 - Avoid resisted sidelying hip abduction until 8 weeks
- Bridging double leg, progress to single
- Supine dead bug series
- Sidelying hip abduction
 - Partial thickness may start 4 weeks post op
 - Full thickness may start 6 weeks post op
- Quadruped hip extension series
- Standing open and closed chain multi-plane hip
- Standing internal/external rotation strengthening (use stool)
 - Partial thickness start at 4 weeks
 - Full thickness start at 6 weeks
- Step-up progression
- Squat progression
- Deep water pool program when incisions are completely healed
- Stretching: quadriceps, piriformis and hamstrings

Weeks 9 to 16:

Please do not discharge patient prior to 3 months without approval from surgeon

Manual therapy

- STM as needed - particularly glutes, adductors, hip flexors, abductors
- Gentle joint mobilizations as needed for patients lacking ER or FABER range of motion
- May begin trigger point dry needling for glutes, quads, adductors
- Assess FMA and begin to address movement dysfunctions

Exercise progression

- Continue with muscle activation series (quadruped or straight leg series)
- Introduce movement series to increase proprioception, balance, functional flexibility
- Progress core program as appropriate
- Glute and posterior chain strengthening
- Leg press and leg curl
- Squat progression (double to single leg - add load as tolerated)
- Lunge progression
- Step-up progression
- Walking program

- Week 10-12
 - Outdoor biking
 - Swimming: breast stroke kick
 - Shallow water pool running program - 75% unloaded