

**Hip Abductor Tendon Repair  
Postoperative Rehabilitation Protocol  
Dr. Jeffrey Witty, M.D.**

Notes:

- Please review any additional notes for adjustments to protocol depending on intraoperative findings.

Brace:

- Hip abduction brace x 6 weeks
- Ensure brace is not creating abrasion along surgical incisions. If so, adjust brace as needed and area can be protected with padded bandage.

Modalities:

- Ice pack/cryo 30 min on and 30 min off
- Thigh high compression sleeve for at least 6 weeks postop

Sleeping Precautions:

- AVOID sleeping directly on the lateral hip (especially for open repairs)
- As needed, education on bolstering along posterior to roll patient away from operative side while in the supine sleeping position.

Preoperative Rehab Phase:

- In select patients a initial preop phase to review the protocol below and upper limb, core/trunk exercise program may be beneficial to help prepare the patient for the postoperative recovery period and its demands.

	<b>Weightbearing</b>	<b>Brace</b>	<b>ROM</b>	<b>Exercise</b>
<b>Phase I Week 0 - 4</b>	20lbs foot flat weight bearing with walker or crutches  Walker with forearm support may be needed.	Hip abduction brace at all times (including sleep).  May be removed for showers while noted motion precautions.	PROM/AAROM within "comfortable" range with precautions noted below.  Avoid hip flexion beyond 90 deg.  Avoid active hip abduction and active internal rotation.  Avoid passive external rotation and adduction.	Begin ankle ROM  Isometric quad, hamstrings, ADDuctors.

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<p><b>Phase II Week 4 - 6</b></p>	<p>20lbs foot flat weight bearing with walker or crutches</p> <p>Walker with forearm support may be needed.</p>	<p>Hip abduction brace at all times (including sleep).</p> <p>May be removed for showers while noted motion precautions.</p>	<p>Flexion beyond 90 allowed.</p> <p>Avoid active hip abduction and active internal rotation.</p> <p>Avoid passive external rotation and adduction.</p>	<p>As above.</p> <p>Gentle stretch hip flexors.</p> <p>Full knee ROM</p> <p>Heel raises</p> <p>Minisquats</p>
<p><b>Phase II Week 6 - 12</b></p>	<p>Progress weightbearing as tolerated and wean off crutches/walker.</p>	<p>Begin to wean out of brace</p>	<p>Progress hip ROM as tolerated.</p>	<p>As above.</p> <p>Start gentle submaximal isometrics to hip musculature.</p> <p>Progress to non antalgic gait.</p> <p>Ok to begin core exercises while avoiding stress on hip as outlined.</p> <p>Add weight shifts</p> <p>Add hydro therapy with hip shallow water walking, 4 way hip ROM.</p> <p>Stationary bike</p> <p>Supine bilateral glute bridges.</p> <p>No side lying abduction until week 8.</p>
<p><b>Phase III Week 8 - 12</b></p>	<p>WBAT</p>	<p>None</p>	<p>As tolerated</p>	<p>Begin strengthening as tolerated</p>

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<b>Phase IV After week 12</b>	WBAT	None	As tolerated	Continue to progress into desired activities.
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Notes:

- Outdoor cycling can start at 3 months
- Elliptical and similar can start at 3 months

Protocol adapted from:

Rahman et al AAOS Lecture

(<https://learn.aaos.org/diweb/catalog/launch/package/4/eid/2130810>)

Davies et al JBJS 2013

Hartigan et al Arthroscopy 2018

Kelly et al Hip Int 2020

Ebert et al Arch Ortho Trauma Surg 2021