DR. KAISEN YAO, MD

ORTHOPEDIC SPORTS MEDICINE SURGEON

Post-Operative Physical Therapy Protocol

Abductor Repair

Northwell Health • Department of Orthopedic Surgery & Sports Medicine • Dr. Kaisen Yao, MD

Patient Name	Date of Surgery	Prescribing Surgeon
		Dr. Kaisen Yao, MD

General Guidelines & Precautions

- Use crutches and/or a hip abduction brace as prescribed, typically for 4–6 weeks, to protect the gluteus medius/minimus repair.
- Avoid active hip abduction and resisted side-lying exercises until cleared by the surgeon.
- Watch for a Trendelenburg (hip drop) gait pattern and correct it with guidance from your therapist as weight bearing progresses.
- Contact the surgeon for fever, excessive drainage, uncontrolled pain, or new numbness or tingling.

PHASE I
Protected Weight Bearing

TIMEFRAME
WEEKS 0–6

Goals:
Protect the repair, control pain and swelling, and maintain safe hip mobility within brace limits.

Precautions:
Protected weight bearing as directed; avoid active or resisted hip abduction, and avoid side-lying on the operative side if it stresses the repair.

Interventions:
Cryotherapy, gentle passive/active-assisted hip range of motion within limits, quad sets, and gentle core activation.

Criteria to Progress:
Pain controlled, incision healing well, and tolerating protected weight bearing.

PHASE II

Progressive Weight Bearing & Gait

TIMEFRAME

WEEKS 6–10

Goals:
Progress to full weight bearing, normalize gait without a Trendelenburg pattern, and begin gentle abductor activation.

Interventions:
Gait training with cueing for level pelvis, gentle isometric and then active hip abduction as cleared, stationary bike, and closed-chain strengthening (mini-squats, bridges).

Precautions:
Progress abductor loading gradually to avoid overstressing the repair.

Criteria to Progress:
Full weight bearing without an assistive device, level-pelvis gait, and minimal pain.

PHASE III

Progressive Strengthening

TIMEFRAME

WEEKS 10–16

Goals:
Restore hip abductor strength and endurance, and improve single-leg control.

Interventions:
Progressive resistance hip abduction and external rotation strengthening, side-lying and standing band work, single-leg balance and stability drills, and step-ups/step-downs.

Functional Focus:
Emphasize level-pelvis mechanics during single-leg stance, stairs, and gait.

Criteria to Progress:
No pain with progressive loading, good single-leg pelvic control, and improving strength.

PHASE IV

Return to Activity

TIMEFRAME

4–6+ MONTHS

Goals:
Restore full strength and dynamic control for return to daily, recreational, or sport-specific activity.

Interventions:
Advanced hip and core strengthening, agility and balance progression, and sport- or task-specific drills as tolerated.

Return to Sport/Work:
Return to higher-impact activity should follow surgeon and therapist clearance based on strength symmetry and gait quality.

Discharge Criteria:

Full pain-free range of motion, symmetrical hip abductor strength, and level-pelvis mechanics with functional and dynamic tasks.

This protocol is a general guideline. Progression should be individualized by the treating physical therapist in coordination with Dr. Yao's office based on tear size and repair technique.