## **Physical Therapy Prescription**

GLUTEUS REPAIR REHABILITATION PROTOCOL					
TIME PERIOD	WEIGHT BEARING	RANGE OF MOTION	BRACE	EXERCISES	
0-6 weeks	Touch toe weight bearing 6 weeks.	Advance to full as tolerated. May use CPM if ordered: 0-30, Advance as tolerated. Circumduction exercises. Manual mobilization.	None	OK to do pool therapy once incisions are fully healed.	
6-12 weeks	Increase Weight Bearing to Full by 10 weeks.	Full Range of Motion.	None	May begin light strengthening: core, gluteal, quad, hamstring, adductor. Low impact: swimming, light biking resistance.	
3-6 months	Weight bearing as tolerated	Full Range of Motion.	None	Balance and further strengthening activities. Gradually increase to return to full activities. Anticipate full sporting activities at 6 months.	

## \*\*\*Begin Physical Therapy 4 weeks post-op

Dane Todd, MD Questions please call: # 402-488-33 Fax: 402-488-3336	22		
Patient Name:			
Surgery Date:			
Surgery Performed (Circled):	Side (Circled):	Right	Left
Gluteus Repair			
Other:			
Physical therapy to evaluate and above protocol. 1-2x per week for	1 10	luteus rep	pair following the
Notes:			
MD signature:			