Table II. Panelist recommendations for rehabilitation guidelines following surgical management of GTPS

Gluteal Repair Physiotherapy Guidelines	
Phase I: Immediate Postoperative Phase (Weeks 1–6)	
Goals:	*Precautions:*
Protect healing tissues	Weight-bearing (WB) : Foot flat weight bearing 20% body weight
Reduce postoperative pain and inflammation	Range of motion:
Normalized gait pattern with an appropriate assistive device	Hip flexion limited to 90°
	Hip external rotation limited to 20°
	Hip adduction limited to neutral
	Active, against gravity hip abduction contraindicated until postoperative week 8
	Active long lever hip flexion contraindicated until week 12
Therapeutic interventions:	
Ankle pumps, hamstring, and quadriceps setting	
Submaximal isometrics of hip adductors, hip extensors and lower abdominals	
Cryotherapy and compression for inflammation and oedema control	
Aqua therapy for gait training upon healing of surgical incision	
Phase II: Early postoperative phase (Weeks 6–8)	
Goals:	*Precautions:*
Gentle progression of ROM	Weight-bearing: progress to FWB as tolerated
Continue protecting healing soft tissues	Active, against gravity hip abduction contraindicated until postoperative week 8
Limit irritation of hip flexors and hip abductors through slow, gentle progression	Active long lever hip flexion contraindicated until week 12
Physical therapy:	
Initiate upright stationary bike with no resistance	
Submaximal isometrics in all directions, including hip abductors in a gravity eliminated position	
Gradual loading of iliopsoas tendon is critical to avoid tendonitis	
Short lever active (AROM) and active assistive (AAROM) for hip ROM	
Lumbopelvic neuromuscular control exercises in supine	
Phase III: strengthening phase (Weeks 8–12)	
Goals:	*Precautions:*
Near full, symmetrical ROM	Monitor for symptoms of intra- and extra-articular irritation with exercise and WB progression
Improve hip and core strength and neuromuscular control	Avoid premature weaning from the assistive device
Gradual WB progression (normalized gait pattern and physician clearance required for for weaning from assistive device)	Active long lever hip flexion contraindicated until week 12
Physical therapy:	
Gradual progression of functional ROM	
Upright bike with progressive resistance	
Progress from hip abductor isometrics in gravity eliminated positions to isotonic in positions of gravity as tolerated	
Introduce elliptical between 8 and 10 weeks as tolerated	
Initiate closed chain strengthening progression with focus on single leg pelvic control as tolerated	
Progress lumbopelvic stabilization and postural control exercises	
Phase IV: return to low-level impact (weeks 12–16)	
Goals:	*Precautions:*
Tolerance of running and agility drills with appropriate lumbopelvic and lower extremity control	Avoid provocation of symptoms with progression of exercise
	No jumping, hopping, cutting/pivoting
Physical therapy:	
Initiate running and agility progressions with emphasis on dynamic control of lower extremity and pelvis	
Continue high-level strength and control exercise with focus on single leg pelvic control	
Phase V: return to full participation in sports (weeks 16+)	
Goals:	*Precautions:*
Tolerance of jumping, hopping, cutting/pivoting drills with appropriate lumbopelvic and lower extremity control	Avoid provocation of symptoms with progression of exercise
Return to full participation in sports	
Physical therapy:	
Initiate jumping and hopping progression with emphasis on dynamic control of lower extremity and pelvis	
Sport-specific cutting and pivoting drills with emphasis on dynamic control of lower extremity and pelvis	