



# Proximal Hamstring Repair Rehabilitation Protocol

## Phase 1 (1-6 weeks post-op)

### Appointments

- 7 days post-op-6 weeks post op: 1 time per week
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### Rehabilitation Goals

- Protection of the repaired tendon(s), Pain control
- Weight Bearing ( Use axillary crutches for up to 6 weeks)
- Post-Operative weeks
  - ▶ Week 0-2: Touch down weight bearing
  - ▶ Week 3-6: 15%-40% weight bearing progression
- Brace: hinged knee brace locked at 45 degrees at all times until week 6

### PRECAUTIONS

- Avoid hip flexion coupled with knee extension
- Avoid unsafe surfaces and environments

### Suggested Therapeutic Exercise

- Quad Sets
- Ankle Pumps
- Abdominal isometrics
- Passive knee range of motion (ROM) with no hip flexion during knee extension
- Progression Criteria : 6 weeks post-op
- Post- Operative weeks 3-4: Begin pool walking drills (without hip flexion coupled with knee extension), hip abduction, hip extension, and balance exercises
- Scar Mobilizations
- Cardiovascular Exercise: Upper body circuit training or upper body ergometer (UBE)

## Phase 2( begin after Phase 1 criteria, usually 6 weeks post-op)

### Appointments

- 2 times per week for 6-12 weeks

### Rehabilitation Goals

- Post-Operative weeks
  - ▶ Week 6-7: Unlock hinged knee brace, weight bearing as tolerated with weaning from crutches
- Normalize Gait
- Good control and no pain with functional movements, including step-up/down, squat, partial lunge (do not exceed 60 degrees of knee flexion)

### PRECAUTIONS

- Avoid dynamic stretching
- Avoid loading the hip at deep flexion angles
- No impact or running



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## Suggested Therapeutic Exercise

- Non-impact balance and proprioceptive drills- beginning with double leg and gradually progressing to single leg.
- Stationary bike
- Gait training
- Begin hamstring strengthening- start by avoidance of lengthened hamstring position ( hip flexion combined with knee extension) by working hip extension and knee flexion moments separately; begin with isometric and concentric strengthening with hamstring sets, heel slides, double leg bridge, standing leg extensions, and physioball curls.
- Hip & Core strengthening
- Cardiovascular Exercise: Upper body circuit training or upper body ergometer (UBE)
- Progression Criteria
  - ▶ Normal Gait on all surfaces
  - ▶ Ability to carry out functional movements without unloading the affected leg or pain while demonstrating good control
  - ▶ Single leg balance greater than 15 seconds
  - ▶ Normal (5/5) hamstring strength in prone with the knee in position of at least 90 degree knee flexion

## Phase 3 (begin after meeting phase 2 criteria, usually 3 months post-op)

### Appointments

- 2 times per week for 12-16 weeks

### Rehabilitation Goals

- Good control and no pain with sport and work specific movements, including impact

### PRECAUTIONS

- No pain during strength training
- Post-activity soreness should resolve within 24 hours

## Suggested Therapeutic Exercise

- Continue hamstring strengthening- progress toward strengthening in lengthened hamstring positions; begin to incorporate eccentric strengthening with single leg forward leans, single leg bridge lowering, prone foot catches, and assisted Nordic Curls
- Hip & core strengthening
- Impact control exercises beginning 2 ft. - 2 ft., progressing from 1 ft. to the other and then 1 ft. to same foot.
- Cardiovascular Exercise: Biking, elliptical machine, Stairmaster, swimming, and deep water running
- Movement control exercise beginning with low velocity, single plane activities and progressing to higher velocity, multi-plane activities.
- Initiate running drills, but no sprinting until phase 4
- Progression Criteria
  - ▶ Dynamic neuromuscular control with multi-plane activities at low to medium velocity without pain or swelling
  - ▶ Less than 25% deficit for side to side hamstring comparison on Biodex testing at 60 degrees and 240 degrees per second



# Proximal Hamstring Repair Rehabilitation Protocol

## Phase 4 (begin after meeting phase 3 criteria, usually 4-5 months post-op).

### Appointments

- 1-2 times per week for 16+ weeks

### Rehabilitation Goals

- Good control and no pain with sport and work specific movements, including impact

### PRECAUTIONS

- No pain during strength training
- Post-activity soreness should resolve within 24 hours

### Suggested Therapeutic Exercise

- Continue hamstring strengthening- progress toward higher velocity strengthening and reaction in lengthened positions, including eccentric strengthening with single leg forward leans with medicine ball, single leg dead lifts with dumbbells, single leg bridge curls on physioball, resisted running foot catches, and Nordic curls
- Running and sprinting mechanics and drills
- Hip & Core strengthening
- Impact control exercises beginning 2 ft. - 2 ft., progressing from 1 ft. to the other and then 1 ft. to same foot.
- Movement control exercise beginning with low velocity, single plane activities and progressing to higher velocity, multi-plane activities.
- Sport/Work specific balance and proprioceptive drills
- Cardiovascular Exercise: Replicate sport or work specific energy demands
- Progression Criteria
  - ▶ Dynamic neuromuscular control with multi-plane activities at low to medium velocity without pain or swelling
  - ▶ Less than 10% deficit for side to side hamstring comparison on Biodex testing at 60 degrees and 240 degrees per second
  - ▶ Less than 10% deficit on functional testing profile

