

Proximal Hamstring Repair Physical Therapy Protocol



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Phase I: Post-operative Weeks 0 – 6

GOAL

- Protection of the repair

PRECAUTIONS

- Avoid active hamstring contraction
- Avoid hip flexion greater than 60° and keep knee flexed to 90° when sitting
- No active knee flexion against gravity
- Knee extension limited pending intra-operative tension on the repair
Allowable knee extension _____
- TROM brace for 6 weeks

WEIGHT-BEARING

- Non-weight bearing with crutches x 6 weeks

ICE

- Ice 4-6 times per day for 15-30 minutes per session

EXERCISES

- Quadriceps sets (4 x 20 reps/day)
- Ankle pumps (20-30 reps/hour)
- Begin passive range of motion of the knee and hip at week 2
 - Do not exceed 60° of hip flexion.
 - Do not allow knee extension beyond the restrictions stated above and limited by the brace.
- Begin gentle active range of motion of the knee and hip at week 4.
 - Do not exceed 60° of hip flexion.

- Do not allow knee extension beyond the restrictions stated above and limited by the brace.
- No active knee flexion against gravity.

OTHER

- Light desensitization massage to the incision and posterior hip

Phase II: Begins at post-operative week 6

GOALS

- Restoration of normal gait
- Return of pain-free functional ADLs

PRECAUTIONS

- No hamstring strengthening exercises
- No hamstring stretching exercises

WEIGHT-BEARING

- Begin gait training with progression to full weight bearing as tolerated

EXERCISES

- Continue Phase I exercises
- May begin active knee flexion against gravity

Phase III: Begins at post-operative week 12

GOALS

- Return to unrestricted ADLs at home and work
- Hamstring strengthening

*If you have any problems or questions,
please call your doctor's office (8am-5pm).
Answering service for after hours.*

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EXERCISES

- Continue Phase II exercises
- Begin hamstring flexibility exercises
- Begin hamstring strengthening exercises:
 - Begin with hamstring curls strengthening exercises with the patient standing, hip joint held in neutral position and the lower leg moving against gravity in pain-free arcs.
 - Resistance is increased a pound at a time as tolerated with emphasis on high repetitions (50 reps) and high frequency (4-5 times/day)
 - When the patient is able to move through a full and pain-free knee flexion arc with 8-10 pounds of high reps, patients can transition from standing to machine hamstring curls.
- Begin total leg and hip strengthening exercises:
 - Quarter squats: Begin bilaterally and progress to unilateral status
 - Heel raises: Begin bilaterally and progress to unilateral status
 - Gluteus maximus strength exercises progress from prone (heel pushes with the knee flexed at 90° to hip extension with the knee flexed at 90° to hip extension with an extended knee) to supine (bilateral to unilateral bridging)
 - Gluteus medius strengthening is started in a side-lying position and is progressed to the upright position.
 - Patients can begin unilateral knee extension and leg press activities with light resistance and increase resistance as the surgical hip tolerates.
- Resisted incline hip extensions
- Roman dead-lifts
- Half to full squat progression with progressive resistance
- Low level plyometrics, such as jump rope, step lunges in multiple directions with progression to walking lunges, can be introduced.
- Patient may begin a light jogging progression
 - Return to sporting activities is typically allowed at 6-9 months postoperatively

PROGRESSION CRITERIA TO RETURN TO SPORT

- Hamstring strength is 75% of the contra lateral side

Phase IV: Post-operative months 5-9

GOAL

- Completion of a functional program for the patient's return to sport activity

EXERCISES

- Continue Phase III exercises
- Perform advanced proprioceptive training
- Closed kinetic chain hamstring exercises can gradually be introduced, such as
 - Advanced step downs
 - Double to single-leg Swiss ball hamstring curls