75 B Livingston Street
Asheville, NC 28801
(828) 258 - 8800 ext 3700

EmergeOrtho

Proximal Hamstring Repair
Physical Therapy Protocol

The intent of this protocol is to provide guidelines for your patient's therapy progression. It is not intended to serve as a recipe for treatment. We request that the PT/PTA/ATC should use appropriate clinical decision-making skills when progressing a patient. **Please obtain documentation of the exact procedure that was performed from our office prior to the first post-op visit**. Please contact our office if there are any questions about the protocol or your patient's progression.

Please keep in mind common problems that may arise following proximal hamstring repair: (NEED to add problems here) hip flexor tendonitis, adductor tendonitits, sciatica/piriformis, ilial upslips and rotations, LBP from QL hypertonicity. If you encounter any of these problems, please evaluate, assess, and treat as you feel appropriate, maintaining American Hip Institute's precautions and guidelines at all times. Gradual progression is essential to avoid flare-ups. If a flare-up occurs, back off with therapeutic exercises until it subsides.

Please reference the exercise progression sheet (we don't have an exercise sheet for this protocol) for timelines and use the following precautions during your treatments. Thank you for progressing all patients appropriately. **Successful treatment requires a team approach, and the PT/PTA/ATC is a critical part of the team! Please contact AHI at any time with your input on how to improve the therapy protocol.**

Please send therapy progress notes and renewal therapy prescription requests with the patient or by fax to (630) 323-5625. Notes by fax must be sent 3 days prior to the patient's visit to internally process this request. We appreciate your cooperation in this matter.

Please Use Appropriate Clinical Judgment During All Treatment Progressions

Begin therapy the day after surgery. Therapy should begin 1 time per week for first 6 weeks, then 2-3 times per week after discharged from brace at 6 weeks start to wean from crutches also at 6 weeks following surgery, unless instructed otherwise by your AHI MD.

Phase 1- Immediate Rehabilitation (day after surgery – end of week 6):

Goals:

- Protection of the repaired tissue
- Restore ROM within guidelines
- Prevent muscular inhibition and gait abnormalities
- Diminish pain and inflammation

Precautions:

- **Patients will be partial weight bearing (PWB) for 6 weeks post-op, unless instructed otherwise**

75 B Livingston Street
Asheville, NC 28801
(828) 258 - 8800 ext 3700

EmergeOrtho

Do NOT push through pain or pinching, gentle stretching will gain more ROM
ROM Guidelines:
PROM of knee and hip begins at week 2
Gentle AROM initiated at week 4

Phase 1: Initial Exercises and Tissue Flexibility

Stretches:
NO Hamstring stretches for 6 weeks
Calves, Passive stretches at 2 weeks: quad, hip flexor

Soft Tissue Massage:
Scars, TFL / ITB, Quads, Gluteals, QL, Lumbar Paraspinals, posterior thigh, and calves

Exercises: day after surgery – end of week 2:
Ankle Pumps, Gluteus squeezes, Quad squeezes, Transverse abdominals, gentle Hip Abd submax isometrics using a belt or Pilates ring, core stabilization, patellar mobilizations.
At 2 weeks: ankle strengthening, passive calf stretching with 0° hip flexion

Exercises: week 3 – end of week 4:
Progress PROM 0-45 at the hip
Initiate AROM at week 4, but no hamstring contraction
At 4 weeks: prone quad strengthening, side lying hip abd/add, single and double-limb balance and proprioception, core stabilization (PRE's)

Exercises: week 5 – end of week 6:
Progress PROM at the hip 0-90*
Isometric exercises
d/c brace after 6 weeks
Progress to FWB
At 6 weeks: stationary bike, when obtained 90° hip flexion, supine SLR's

Phase 2 – Intermediate Rehabilitation

Criteria for progression to Phase 2:
Full Weight Bearing Must Be Achieved Prior To Progressing To Phase 2

Goals:
Protection of the repaired tissue
Restore Full Hip ROM – **ROM must come before strengthening**
Restore Normal Gait Pattern

75 B Livingston Street
Asheville, NC 28801
(828) 258 - 8800 ext 3700

EmergeOrtho

Progressive Strengthening of Hip, Pelvis, and LE's
TREADMILL USE with appropriate gait pattern

Precautions:

No forced (aggressive) stretching of any muscles
Avoid any terminal ranges of motion in exercise

Phase 2: Intermediate Exercises

Exercises: week 7 – end of week 8:

Continue gentle stretches
Normal gait training
Aqua therapy
Isotonic exercises begun with limited ROM
Pelvic floor and core strengthening
Closed chain exercises initiated
ROM exercises
Isotonic strengthening under load
Begin hamstring strengthening: hamstring sets, heel slides, DL bridge, standing leg extensions, physioball curls
Progress strengthening WB exercises (mini lunges, side stepping with resistance, mini squats, grapevines, etc)

Exercises: week 9:

Isotonic strength training progressed
Dynamic training advanced
Isokinetic work and dynamic stretching

Phase 3 – Advanced Rehabilitation > 9 weeks:

Criteria for progression to Phase 3:

Full ROM
Pain free Normal gait pattern
LE MMT minimum 4/5

Goals:

Full Restoration of muscular strength and endurance
Full Restoration of Pt's cardiovascular endurance

Precautions:

No contact activities
No forced (aggressive) stretching

75 B Livingston Street
Asheville, NC 28801
(828) 258 - 8800 ext 3700

EmergeOrtho

Phase 3: Advanced Exercises

Exercises: week 10 – end of week 11:

Lunges, Side to side lateral slides with cord, Forward/Backward running program, light Plyometrics, and resisted lateral walking
Progress running
Sideways agility drills
Cardiovascular: UBE progress to elliptical, stair master weeks 10 to 12

Phase 4 – High Impact/RTS/RTW:

Criteria for progression to High Impact Training:

Hip strength all 5-/5
HS strength 4+/5
Cardiovascular endurance nearing pre-injury level
Demonstrates proper squat form and pelvic stability with initial agility drills

Develop customized strengthening and flexibility program based off patient's sport and/or work activities.

Phase 4: Sport Specific Training > 12 weeks

Initiation of dry land jogging
MMT compared bilaterally at 60°, 120° & 180° (Isokinetic testing if available)
Sport Specific drill work
- Z cuts, W cuts, Cariocas
- Agility drills
- Plyometrics

Gradual return to sport

Note: *Return to sport based on provider team input and appropriate testing. All times and exercises are to serve as guidelines. Actual progress may be faster or slower, depending on each individual patient, as agreed upon by the patient and his/her team of providers at AHI.*