

Proximal Hamstring Primary Repair Protocol

Phase 1	Surgery to 6 weeks post-op
Time frames for each phase may be extended if the repair is delayed or the surgery included other associated injuries (i.e. hip adductor tear)	
Rehabilitation Goals	<ul style="list-style-type: none"> • Protection of the repaired tendon(s) • Pain Control
Weight Bearing	<ul style="list-style-type: none"> • Use auxiliary crutches for up to 6 weeks • Post-op weeks 0-2: Touch down weight bearing • Post op weeks 2-6: Progression of weight bearing as tolerated with weaning from crutches as long as pain free; Pain free glute function
Brace	<ul style="list-style-type: none"> • Drop lock brace locked to comfort between 30 and full extension while walking and is to have the knee flexed up to 90 degrees while sitting • Make sure brace is not compressing common peroneal nerve
Precautions	<ul style="list-style-type: none"> • Avoid hip flexion coupled with knee extension • Avoid unsafe surfaces and environments
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> • Quad sets, glute sets, ankle pumps • Abdominal isometrics, gentle hip ABD/ADD isometrics • Passive knee range of motion (ROM) with no hip flexion during knee extension • Post-op weeks 3-4: May begin pool walking drills as long as incision is healed (without hip flexion coupled with knee extension), hip abduction, hip extension, and balance exercises • Post op weeks 3-4: SLR (Active and Passive) to 45 degrees slowly progressing to 90 degrees as tolerated by weeks 4-5 • Soft tissue techniques: scar mobilization, TFL, ITB, glutes, QL, posterior thigh, calves
Cardiovascular Exercise	<ul style="list-style-type: none"> • Upper body circuit training or upper body ergometer (UBE)
Progression Criteria	<ul style="list-style-type: none"> • 6 weeks post-operative • Single leg hip abduction/hip adduction

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Phase 2	Begin after meeting Phase 1 criteria (usually 6 weeks after surgery)
Timeframes for each phase may be extended if the repair is delayed or the surgery included other associated injuries (i.e., hip adductor tear)	
Rehabilitation Goals	<ul style="list-style-type: none"> • Normalize gait • Good control and no pain with functional movements including step up, step down, squat, partial lunge
Precautions	<ul style="list-style-type: none"> • Avoid dynamic stretching • Avoid loading the hip at deep flexion angles • No impact or running
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> • Non-impact balance and proprioceptive drills: beginning with double leg and gradually progressing to single leg • Stationary bike: when able to achieve 90 degrees of hip flexion with knee flexion without pain • 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 movements separately; begin with isometric and concentric strengthening with hamstring sets, heel slides, double leg bridge, standing leg extensions and prone curls • Hip and core strengthening
Cardiovascular Exercise	<ul style="list-style-type: none"> • Upper body circuit training or upper body ergometer (UBE)
Progression Criteria	<ul style="list-style-type: none"> • 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 a position of 90 degrees of flexion

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Phase 3	Begin after meeting Phase 2 criteria (usually 12 weeks after surgery)
Time frames for each phase may be extended if the repair is delayed or the surgery included other associated injuries (i.e. hip adductor tear)	
Rehabilitation Goals	<ul style="list-style-type: none"> • Good control and no pain with sport and work specific movements, including impact
Precautions	<ul style="list-style-type: none"> • No pain during strength training • Post-activity soreness should resolve within 24 hours
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> • Continue hamstring strengthening: progress toward higher velocity strengthening and reaction in lengthened positions including eccentric strengthening with single leg forward leans with medicine ball • Hip and core strengthening • Impact control exercises beginning 2 feet to 2 feet, progressing from 1 foot to the other, then 1 foot to the same foot • Movement control exercise beginning with low velocity, single plane activities and progressing to higher velocity, multi-plane activities <p>After 4-5 Months Post-op:</p> <ul style="list-style-type: none"> • Single leg deadlifts with dumbbells, single leg bridge curls on physio ball, resisted running foot catches and Nordic curls • Running and sprinting mechanics and drills • Sport/work specific balance and proprioceptive drills • Stretching for patient specific muscle imbalances
Cardiovascular Exercise	<ul style="list-style-type: none"> • Biking, elliptical, swimming, deep water running • After 4-5 Months Post-op: Replicate sports or work specific energy demands
Progression Criteria/Return to Sport	<ul style="list-style-type: none"> • Dynamic neuromuscular control with multi-plane activities at high velocity without pain or swelling • Less than 10% deficit on functional testing profile