

Post-Operative Rehabilitation Protocol

Endoscopic or Open Proximal Hamstring Repair

Phase I: Weeks 0-6

Goals	<ul style="list-style-type: none"> • Initiate home exercise program, including DVT prevention and isometric exercises, allowing for optimal healing • Protection of the repaired tendon(s) and pain control
Brace / Precautions / Crutch Use	<ul style="list-style-type: none"> • Weight Bearing - use crutches for up to 8 weeks <ul style="list-style-type: none"> ○ Weeks 0-2: TTWB ○ Weeks 3-6: PWB (50%) • Brace: <ul style="list-style-type: none"> ○ Weeks 0-2: hinged knee brace locked at 30 degrees at all times ○ Weeks 3-6: hinged knee brace locked at 30 degrees only while ambulating • AVOID hip flexion coupled with knee extension (hamstring stretch) • AVOID unsafe surfaces and environments
Strengthening	<ul style="list-style-type: none"> • Formal PT deferred until week 3
Home Instructions	<ul style="list-style-type: none"> • Keep surgical dressings clean and dry • Change surgical bandages on the 2nd day after surgery (keep covered until first clinic visit) • Avoid getting sutures wet until at least 5 days after surgery (do not scrub, soak, or submerge the incisions) • Note DVT (blood clot) prophylaxis medications provided by your surgeon to take following surgery – follow those instructions carefully.
Suggested Exercises	<ul style="list-style-type: none"> • Quad sets • Ankle pumps • Abdominal isometrics • Prone passive knee ROM • Side-lying hip abduction • Active assisted ROM of knee and hip • Scar mobilizations • Cardiovascular Exercise: Upper body circuit training or upper body ergometer (UBE)

Phase II: Weeks 6-12

Goals	<ul style="list-style-type: none"> • Progress to WBAT and wean off crutches over 2 weeks • Wean out of brace as tolerated • Normalize gait • Good control and no pain with functional movements, including step up/down, squat, partial lunge (do not exceed 60° of knee flexion)
Brace / Precautions / Crutch Use	<ul style="list-style-type: none"> • AVOID dynamic stretching • AVOID loading the hip at deep flexion angles • NO impact or running
Suggested Exercises	<ul style="list-style-type: none"> • Non-impact balance and proprioceptive drills – beginning with double

	<p>leg with gradual progression to single leg</p> <ul style="list-style-type: none"> • Stationary bike • Gait training • Begin hamstring strengthening – start by avoidance of lengthened hamstring position (hip flexion combined with knee extension) via 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 • Active-assisted hip extension with progression to active hip extension • Hip and core strengthening • Cardiovascular Exercise: Upper body circuit training or 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 >15 seconds ○ Normal (5/5) hamstring strength in prone with the knee in a position of at least 90° knee flexion
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Phase III: Weeks 12-16

Goals	<ul style="list-style-type: none"> • Good control and no pain with sport/work specific movements (including impact activities)
Brace / Precautions / Crutch Use	<ul style="list-style-type: none"> • Do not push through pain during strength training • Post-activity soreness should resolve within 24 hours
Suggested Exercises	<ul style="list-style-type: none"> • Non-impact balance and proprioceptive drills – beginning with double Continue/advance hamstring strengthening – progress toward strengthening in lengthened hamstring positions <ul style="list-style-type: none"> ○ Begin to incorporate eccentric strengthening with single leg forward leans, single leg bridge lowering, prone foot catches, and assisted Nordic curls • Hip and core strengthening • Impact control exercises: 2 feet to 2 feet → 1 foot to the other → 1 foot to same foot • Movement control exercises: low velocity / single plane activities → higher velocity, multi-plane activities • Initiate running drills (NO sprinting until Phase IV) • Cardiovascular Exercise: Biking, elliptical machine, Stairmaster, swimming, and deep water running • Progression Criteria <ul style="list-style-type: none"> ○ Dynamic neuromuscular control with multi-plane activities at low/medium velocity without pain or swelling ○ < 25% deficit for side to side hamstring comparison on Biodex testing at 60° and 240° per second

Phase IV: Weeks 16-24

Goals	<ul style="list-style-type: none"> • Good control and no pain with sport and work specific movements, including impact
Brace / Precautions / Crutch Use	<ul style="list-style-type: none"> • No pain during the strength training • Post-activity soreness should resolve within 24 hours
Suggested Exercises	<ul style="list-style-type: none"> • Continue/advance hamstring strengthening – progress toward higher velocity strengthening and reaction in lengthened positions, including: <ul style="list-style-type: none"> ○ 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 / sprinting mechanics and drills • Hip and core strengthening • Impact control exercises: 2 feet to 2 feet → 1 foot to the other → 1 foot to same foot • Movement control exercises: low velocity/single plane activities → higher velocity, multi-plane activities • Sport/work specific balance and proprioceptive drills • Stretching for patient specific muscle imbalances • Cardiovascular Exercise: Replicate sport or work specific energy demands • Return to Sport/Work Criteria <ul style="list-style-type: none"> ○ Dynamic neuromuscular control with multi-plane activities at high velocity without pain or swelling ○ < 10% deficit for side to side hamstring comparison on Biodex testing at 60° and 240° per second ○ < 10% deficit on functional testing profile