

Proximal Hamstring Tendon Repair Protocol

Name _____ Date _____

Procedure _____

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Frequency 1 2 3 4 5 times/week Duration 1 2 3 4 5 6 weeks

Anytime the dressing is changed or examined, ***please wash hands*** prior with antibacterial soap. Do not apply any ointments or medications to the area. The surgical dressing should be changed by the therapist using ***sterile*** technique. This includes sterile field, sterile gloves, betadine or chlorhexidine skin cleanser and sterile supplies when redressing the wounds. Do NOT remove steri-strips. The new dressing should include dry gauze and ACE wrap. For a shoulder arthroscopy the portals may be redressed with band-aids.

*****Range of motion is an important progression of therapy, but limiting swelling is important. Respecting swelling will decrease pain and improve motion.*****

Post Op Phase	Weight Bearing	Use of Brace	Passive & Active ROM	Strength training	Return to running & sports	Restrictions
Phase 1 (week 0-2)	TDWB with crutches	Post op hip brace to limit hip flexion to 45 degrees.	Quad sets, active-assisted and passive hip and knee flexion, ankle pumps. Hip flexion ROM limit to 60 degrees flexion.	None	None	Weight bearing TDWB crutches. Precaution is to avoid hip flexion coupled with knee extension for 6-8 weeks.

<p>Phase 2 (weeks 2-6)</p>	<p>PWB 50% with crutches</p>	<p>Continue post op brace.</p> <p>Hip flexion limited to 60 degrees through week 3.</p> <p>Weeks 4-6 progress hip flexion gradually to 90 degrees by week 6.</p>	<p>Quad sets</p> <p>Active-assisted and passive hip and knee flexion</p> <p>SAQ</p> <p>Ankle pumps</p> <p>Side-lying hip abduction</p>	<p>Sub maximal isometrics quad/glute sets; transverse abdominal isometric.</p> <p>UBE (with brace on) within ROM restriction.</p> <p>OK for noninvolved extremities.</p>	<p>None</p>	<p>Weight bearing PWB 50% crutches. No active hamstring activity yet. No active hip extension exercises. Precaution is to avoid hip flexion coupled with knee extension for 6-8 weeks.</p>
<p>Phase 3 (weeks 6-12)</p>	<p>Wean crutches over the next 2 weeks to FWB</p>	<p>DC brace per MD.</p> <p>Hamstring strength start by avoiding lengthened position: hip flexion coupled with knee extension.</p>	<p>Progressive active hip and knee flexion.</p> <p>Active stretching all uninvolved muscle groups.</p> <p>Stationary bike then treadmill.</p> <p>Standing calf raises.</p>	<p>HS curls antigravity</p> <p>Hip extension antigravity</p> <p>At 10 weeks post op, progress to ankle weight PRE; progress 1# per week to 5#</p> <p>Strength progression: Hamstring sets, heel slides, double leg bridge, standing leg extension, etc.</p> <p>Dynamic balance: gradually progress from DLS to SLS</p>	<p>Slow walking on level surfaces.</p>	<p>No running</p>

				activity over 6 weeks		
Phase 4 (weeks 12-16)	FWB		Full ROM Gentle HS stretching	Cautious use of weight training machines Single leg closed chain exercises. Hamstring strength gradually progress toward lengthened hamstring positions and eccentric strengthening: SLS forward lean, single leg bridge. Hip and core strength.	Walk progression on level surface with gradual increase in speed and distance. Elliptical and stair-master.	Preparing to run
Phase 5 (weeks 16-20)	FWB		Same as phase 4	Progressive strengthening avoiding overload to HS	Walk to jog progression	No sprinting or speed work
Phase 6 (weeks 20-24)	FWB		Same	Same	Progressive run/speed/agility Jump training after 24 weeks post op	Proceed gradually with caution.

Comments:

FCE _____ Work Conditioning/Work Hardening _____ Teach HEP _____

Every patient's therapy progression will vary to a degree depending on many factors. Please use your best clinical judgment on advancing a patient. If other ideas are considered to improve patient's outcome do not hesitate to call.

Patient's recovery is a team approach: Patient, family/friend support, therapist, and surgeon. Every team member plays an important role in recovery.

Signature _____ **Date** _____