



THE STONE CLINIC

ORTHOPAEDIC SURGERY, SPORTS MEDICINE AND REHABILITATION

Proximal Hamstring Repair Post-Operative Physical Therapy Protocol

Avoid active hamstring contraction for 6 weeks.
Avoid hip flexion greater than 60 degrees for 6 weeks.
No active knee flexion against gravity for 6 weeks.
Avoid prolonged sitting for 4 weeks.

Weeks 0-2

-Nurse visit day 2 for dressing change.
-Ice, elevation, and aggressive edema control.

Gait: Weight bearing as tolerated with hip brace.

Manual: Effleurage for edema, gentle soft tissue mobilization of hip flexors, gluteals, quadriceps.

Exercise: Quad sets, ankle pumps, diaphragmatic breathing, core bracing, upper body conditioning.

Avoid active hamstring contraction for 6 weeks.
No active knee flexion against gravity.

Goals

Gait weight bearing as tolerated with hip brace.
Decrease pain, swelling.

Weeks 2-4

Nursing appt at 2 weeks for stitch removal.

Gait: Weight bearing as tolerated with brace.

Manual: Effleurage for edema, gentle soft tissue mobilization of hip flexors, gluteals, quadriceps. Initiate gentle passive range of motion of the knee and hip.

Exercise: Quad sets, ankle pumps, diaphragmatic breathing, core bracing, upper body conditioning. Can add side-lying leg lifts; standing hip abduction, adduction, and small range flexion.

3-limbed plank, side planks, core strengthening. Calf raises

Avoid active hamstring contraction for 6 weeks (No active knee flexion against gravity).

Goals

Decrease pain, swelling.

Passive range of motion- gentle knee and hip. <60 degrees hip flexion.

Weeks 4-6

MD appt at 4 weeks should be cleared to discharge hip brace.

Manual: soft tissue mobilization of hip flexors, gluteals, quadriceps, hamstrings. Can initiate scar mobilization if incision completely closed. Initiate light hip mobilizations as needed for range of motion per patient tolerance.

Passive range of motion hip flexion < 60 degrees. No hamstring stretch.

Exercise: side-lying leg lifts; standing hip abduction, adduction, small range flexion (can add light resistance). Forearm planks, side planks, straight legged side steps no resistance. Continue with upper body conditioning.

Avoid active hamstring contraction for 6 weeks (No active knee flexion against gravity).

6-8 weeks

Manual: continue soft tissue mobilization of hip flexors, gluteals, quadriceps, hamstrings. Scar mobilization, hip mobilizations to increase range of motion. Slowly progress into full hip flexion passive range of motion.

Exercise: Continue with previous. Slow progression with resistance band to all surrounding muscles (not including hamstring). Side steps with band above knee. Standing balance exercises.

Can add active knee flexion against gravity- no resistance.

8-12 weeks

Manual: soft tissue mobilization of hip flexors, gluteals, quadriceps, hamstrings. Can initiate scar mobilization if incision completely closed. Initiate light hip mobilizations as needed for range of motion per patient tolerance.

Exercise: active hamstring contraction against gravity, isometrics for hamstring, continue with previous strengthening. Shuffle board or pilates reformer leg press starting with light resistance at 10 weeks.

3 months- 4 months

Ther ex: Begin hamstring flexibility exercises. Initiate hamstring strengthening with resistance- standing hamstring curls with hip in neutral can add resistance. Continue with total body strengthening. Bilateral bridges ->single leg bridging.

Lunges to walking lunges, multiple planes.

5 months- 6 months

Trampoline activities to prep for plyometrics. Light jogging on trampoline. Reformer Jump board with light resistance.

Sport specific strengthening.

6 months- 9 months

Add plyometrics, jump rope, initiate light jogging progression. Slow return to sports per MD.

