

Proximal Hamstring Repair Rehabilitation Protocol

Phase 1-Immediate Rehabilitation

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 (20 lb), foot flat weight-bearing for 6 weeks (complete tear) or 4 weeks (partial) post-op

Do Not Push Through Pain or Pinching, gentle stretching will gain more ROM

ROM Guidelines:

PROM of knee and hip begins at wk 3 Gentle

AROM initiated at wk 6

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

Week 1-2 Ex's

Ankle Pumps, Gluteus squeezes, Quad squeezes, Transverse abdominals, gentle Hip Abd submax isometrics using a belt or Pilates ring, lumbopelvic stabilization, patellar mobilizations. At 2 weeks: ankle strengthening, passive calf stretching with 0° hip flexion

Week 3-4 Ex's

Progress PROM 0-45 (complete), 0-90 (partial) at the hip, with knee flexed Initiate

AROM at week 4, but no hamstring contraction

4 weeks: prone quad strengthening, sidelying hip abd/add, single and double-limb balance and proprioception, lumbopelvic stabilization (PRE's)

Week 5-6 Ex's

Progress PROM at the hip 0-90*

die brace after 6 weeks

progress to FWB

Isometric exercises

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
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

Week 6-7 Ex's

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
Beginning at 6 weeks and progressing through 12 weeks: WB exercises (mini lunges, side stepping with resistance, mini squats, grapevines, etc) aquatic therapy, hydroworx pool for early return to running

Week 7-8 Ex's

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

Phase 3 – Advanced Rehabilitation

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

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Precautions:

- No contact activities
- No forced (aggressive) stretching

Phase 3: Advanced Exercises

8-10 weeks

- Lunges, Side to side lateral slides with cord, Forward /Backward running program, light Plyometrics, andresisted lateral walking
- Progress running
- Sideways agility drills

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 of Patient's sport and/or work activities

Phase 4: Sport Specific Training

- 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

Return to sporting activities is permissible when isokinetic testing is 80% of the unaffected side, or both 5/5 with all LE MMT's. Similar to an ACL reconstruction, this will typically occur between 6 and 9 months.