



Post-operative Rehabilitation Protocol

Proximal Hamstring Repair

Phase 1 (0-2 weeks post op):

Goals	<ul style="list-style-type: none"> • Protect repair • Control post-operative pain, inflammation, and swelling • Emphasis on compliance to HEP and WB precautions/restrictions
Brace/Precautions/ Crutch Use	<ul style="list-style-type: none"> • Weight bearing: <ul style="list-style-type: none"> ○ Toe touch weight-bearing with crutches ○ Brace may be removed for hygiene and therapy ○ Avoid ambulation without brace for first 6 weeks • Brace: <ul style="list-style-type: none"> ○ Knee brace locked in 30° extension to protect repair ○ Okay to use knee flexion as tolerated with extension block to 30° in place
Range of Motion	<ul style="list-style-type: none"> • No active knee flexion or hip extension <ul style="list-style-type: none"> ○ Passive knee ROM with no hip flexion during knee extension • Passive hip flexion up to 60° with knee in flexion • Be sure to protect against simultaneous knee flexion and hip extension
Strengthening	<ul style="list-style-type: none"> • Quad sets • Ankle pumps • Abdominal isometrics
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

Phase 2 (2-6 weeks post op):

Goals	<ul style="list-style-type: none"> • Control pain and inflammation • Promote healing • Gentle scar massage for desensitization
Brace/Precautions/ Crutch Use	<ul style="list-style-type: none"> • 50% weight-bearing with crutches • Knee brace locked in 30° extension during ambulation <ul style="list-style-type: none"> ○ Okay to unlock brace
Range of Motion	<ul style="list-style-type: none"> • Prone passive knee ROM with hip in full extension <ul style="list-style-type: none"> ○ Advance knee extension gradually as tolerated until 0° is achieved • Gradually add active-assisted knee flexion/hip extension • Hip flexion up to 90° with knee in flexion • Active-assisted hip abduction
Strengthening	<ul style="list-style-type: none"> • Continue as above
Home Instructions	<ul style="list-style-type: none"> • Restore normal activities of daily living

Suggested Exercises	<ul style="list-style-type: none"> • Continue Phase 1 exercises as appropriate • Focus on active-assisted ROM of hip and knee • Standing calf raises • Side-lying hip abduction • Can do upper body strength training
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Phase 3 (6-12 weeks post-op):

Goals	<ul style="list-style-type: none"> • Pain-free with ADLs, therapeutic exercise • Local edema control • Work on regaining full ROM
Precautions	<ul style="list-style-type: none"> • Wean off of crutches over 2 week period to progress to weight-bearing as tolerated • Wean from knee brace as tolerated
Range of Motion	<ul style="list-style-type: none"> • Start gradual active knee flexion • Active-assisted hip extension – advance to full active hip extension as tolerated <ul style="list-style-type: none"> ○ Continue to protect against simultaneous knee flexion and hip extension
Strengthening	<ul style="list-style-type: none"> • Start to work on hip abductors/adductors • Continue quad strengthening
Home Instructions	<ul style="list-style-type: none"> • Restore normal activities of daily living • Progress slow walking on level surfaces
Suggested Exercises	<ul style="list-style-type: none"> • Continue from phase 2 • Start incorporating stationary bike with seat high • Antigravity hamstring curls • SLR • Bridges • Clam shells • Wall slides • Half squats <ul style="list-style-type: none"> ○ Can use wall for stabilization

Phase 4: after 12 weeks post-op

Goals	<ul style="list-style-type: none"> • Full range of motion • Work towards normalizing gait
Precautions	<ul style="list-style-type: none"> • Pain with therapeutic exercise & functional activities • Inadequate strength, functional strength, ROM, flexibility, fitness when returning to sport
Range of Motion	<ul style="list-style-type: none"> • Maintain full ROM
Strengthening	<ul style="list-style-type: none"> • Gradually progress strengthening of hip abductors/adductors • Continue to advance LE strengthening and flexibility • Advance core stability and strength
Home Instructions	<ul style="list-style-type: none"> • Maintain normal activities of daily living
Suggested Exercises	<ul style="list-style-type: none"> • Continue to advance LE strengthening, flexibility • Focus on gait normalization • Closed chain exercises – bilateral leg to single leg • Advance core stability • Walk progression on even surface with gradual increase in speed distance <ul style="list-style-type: none"> ○ At 16 weeks, can begin walk-to-jog progression ○ At 20 weeks, start progressive running/speed/agility program

For any questions about operative details or rehabilitation guidelines, please contact the respective surgeon's Athletic Trainer at the contact information found at this link: <https://med.virginia.edu/orthopaedic-surgery/orthopaedic-divisions/sports-medicine/protocols/>