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## **Post-operative Rehabilitation Protocol**

**Proximal Hamstring Repair** 

### Phase 1 (0-2 weeks post op):

Goals	Protect repair
	<ul> <li>Control post-operative pain, inflammation, and swelling</li> </ul>
	Emphasis on compliance to HEP and WB precautions/restrictions
Brace/Precautions/	Weight bearing:
	<ul> <li>Toe touch weight-bearing with crutches</li> </ul>
	<ul> <li>Brace may be removed for hygiene and therapy</li> </ul>
	<ul> <li>Avoid ambulation without brace for first 6 weeks</li> </ul>
Crutch Use	Brace:
	<ul> <li>Knee brace locked in 30° extension to protect repair</li> </ul>
	<ul> <li>Okay to use knee flexion as tolerated with extension block to 30° in place</li> </ul>
	No active knee flexion or hip extension
	<ul> <li>Passive knee ROM with no hip flexion during knee extension</li> </ul>
Range of Motion	<ul> <li>Passive hip flexion up to 60° with knee in flexion</li> </ul>
	<ul> <li>Be sure to protect against simultaneous knee flexion and hip extension</li> </ul>
	Quad sets
Strengthening	Ankle pumps
	Abdominal isometrics
	<ul> <li>Keep surgical dressings clean and dry</li> </ul>
	• Change surgical bandages on the 2 <sup>nd</sup> day after surgery (keep covered until first clinic
	visit)
Home Instructions	• 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> <li>Control pain and inflammation</li> <li>Promote healing</li> <li>Gentle scar massage for desensitization</li> </ul>
Brace/Precautions/ Crutch Use	<ul> <li>50% weight-bearing with crutches</li> <li>Knee brace locked in 30° extension during ambulation         <ul> <li>Okay to unlock brace</li> </ul> </li> </ul>
Range of Motion	<ul> <li>Prone passive knee ROM with hip in full extension         <ul> <li>Advance knee extension gradually as tolerated until 0° is achieved</li> </ul> </li> <li>Gradually add active-assisted knee flexion/hip extension         <ul> <li>Hip flexion up to 90° with knee in flexion</li> <li>Active-assisted hip abduction</li> </ul> </li> </ul>
Strengthening	Continue as above
Home Instructions	Restore normal activities of daily living

Suggested Exercises	<ul> <li>Continue Phase 1 exercises as appropriate</li> <li>Focus on active-assisted ROM of hip and knee</li> <li>Standing calf raises</li> <li>Side-lying hip abduction</li> <li>Can do upper body strength training</li> </ul>
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# Phase 3 (6-12 weeks post-op):

Goals	<ul> <li>Pain-free with ADLs, therapeutic exercise</li> <li>Local edema control</li> <li>Work on regaining full ROM</li> </ul>
Precautions	<ul> <li>Wean off of crutches over 2 week period to progress to weight-bearing as tolerated</li> <li>Wean from knee brace as tolerated</li> </ul>
Range of Motion	<ul> <li>Start gradual active knee flexion</li> <li>Active-assisted hip extension – advance to full active hip extension as tolerated         <ul> <li>Continue to protect against simultaneous knee flexion and hip extension</li> </ul> </li> </ul>
Strengthening	<ul> <li>Start to work on hip abductors/adductors</li> <li>Continue quad strengthening</li> </ul>
Home Instructions	<ul><li>Restore normal activities of daily living</li><li>Progress slow walking on level surfaces</li></ul>
Suggested Exercises	<ul> <li>Continue from phase 2</li> <li>Start incorporating stationary bike with seat high</li> <li>Antigravity hamstring curls</li> <li>SLR</li> <li>Bridges</li> <li>Clam shells</li> <li>Wall slides</li> <li>Half squats <ul> <li>Can use wall for stabilization</li> </ul> </li> </ul>

## Phase 4: after 12 weeks post-op

Goals	<ul><li>Full range of motion</li><li>Work towards normalizing gait</li></ul>
Precautions	<ul> <li>Pain with therapeutic exercise &amp; functional activities</li> <li>Inadequate strength, functional strength, ROM, flexibility, fitness when returning to sport</li> </ul>
Range of Motion	Maintain full ROM
Strengthening	<ul> <li>Gradually progress strengthening of hip abductors/adductors</li> <li>Continue to advance LE strengthening and flexibility</li> <li>Advance core stability and strength</li> </ul>
Home Instructions	Maintain normal activities of daily living
Suggested Exercises	<ul> <li>Continue to advance LE strengthening, flexibility</li> <li>Focus on gait normalization</li> <li>Closed chain exercises – bilateral leg to single leg</li> <li>Advance core stability</li> <li>Walk progression on even surface with gradual increase in speed distance         <ul> <li>At 16 weeks, can begin walk-to-jog progression</li> <li>At 20 weeks, start progressive running/speed/agility program</li> </ul> </li> </ul>