

# Proximal Hamstring Repair

<u>Postop</u>	<u>Goals</u>	<u>Precautions</u>	<u>Exercises</u>
<p><b>Weeks 0-6</b></p> <p>PT 1-2x/week</p> <p>HEP daily</p>	<p>Edema and pain control</p> <p>Protect surgical repair</p> <p>Light desensitization massage to the incision and posterior hip</p> <p>Scar massage</p> <p>Silicone patch over incision</p>	<p><b>Non-weight bearing with crutches x 6 weeks</b></p> <p><b>Weeks 0-2 locked at 60</b></p> <p><b>Weeks 2-4 locked at 40</b></p> <p><b>Weeks 4-6 locked at 20</b></p> <p>No active hamstring contraction</p> <p>No hip flexion with knee extended</p> <p>No active knee flexion against gravity</p>	<ul style="list-style-type: none"> <li>- Pelvic tilts (5 sec holds x 20/day)</li> <li>- NMES c SAQ (1/2 bolster) with hip flexion less than 20°</li> <li>- Isometrics hip abduction/adduction/ER (5 sec holds x 10/day)</li> <li>- Quadriceps sets (4x 20 reps/day)</li> <li>- 5 Ankle pumps (20-30 reps/hour)</li> <li>- Begin passive ROM of the knee and hip at <b>week 2</b>. Do not exceed 45° of hip flexion. Do not allow knee extension beyond the restrictions stated above and limited by the brace</li> <li>- Begin gentle AROM of the knee and hip at <b>week 4</b>. Do not exceed 45° of hip flexion. Do not allow knee extension beyond the restrictions stated above and limited by the brace. No active knee flexion against gravity.</li> </ul>
<p><b>Weeks 6-9</b></p> <p>PT 2x/week</p> <p>HEP daily</p>	<p>Restoration of normal gait</p> <p><b>Weight-bearing progression to full weight bearing as tolerated</b></p> <p>Return to pain-free functional ADL</p>	<p>No hamstring strengthening exercises</p> <p>No hamstring stretching exercises</p>	<ul style="list-style-type: none"> <li>- Continue week 0-6 exercises</li> <li>- May begin Dry Needling</li> <li>- May begin active knee flexion against gravity (concentric)</li> <li>- Weight shifts</li> <li>- Straight leg raises or SAQ into SLR</li> <li>- Gentle quadruped rocking</li> <li>- Gentle stool stretches for hip flexion and adduction</li> <li>- Gluteus medius strengthening is progressed to isotonic in a side-lying position (clam-shells)</li> </ul>
<p><b>Months 3-4</b></p> <p>PT 1-2x/week</p> <p>HEP daily</p>	<p>Return to unrestricted ADLs at home and work</p> <p>Hamstring strengthening</p>		<ul style="list-style-type: none"> <li>- Continue week 6-9 exercises</li> <li>- Begin hamstring flexibility exercises</li> <li>- Begin hamstring strengthening exercises             <ol style="list-style-type: none"> <li>1. Begin with hamstring curls strengthening exercises with the patient standing with the hip help in a neutral position and the lower leg moving against gravity in pain-free arcs</li> <li>2. Resistance is increased 1lb at a time as tolerated with emphasis on high reps (50 reps) and high frequency (4-5x/day)</li> <li>3. When able to move through full and pain-free knee flexion arc with 8-10lbs of high reps, can transition from standing to machine hamstring curls</li> </ol> </li> </ul> <p>Begin total leg and hip strengthening exercises</p> <ol style="list-style-type: none"> <li>1. Quarter squats: begin bilateral and progress to unilateral</li> </ol>

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2. Heel raises: begin bilateral and progress to unilateral
  3. Gluteus maximus strength exercises – progress from prone (heel pushes with knee flexed to 90° to hip extension with the knee flexed at 90° to hip extension with extended knee) to supine (bilateral to unilateral bridging)
  4. Gluteus medius strengthening is further progressed to the upright position (hip hiking and multi-hip machine)
  5. Patients can begin unilateral knee extension and leg press activities with light resistance and increase resistance as surgical hip tolerates
- Balance and proprioception (Balance board → foam → dynadisc)

**Month 5-9**

Completion of a functional program for the patient's return to sport activity

HEP daily

- Continue week 12 exercises
- Perform advanced proprioceptive training Closed kinetic chain hamstring exercise, such as advanced step downs, double to single-leg Swiss ball hamstring curls, resisted incline hip extensions, Roman dead-lifts, and half to full squat progression with progressive resistance, can gradually be introduced
- Low level plyometrics, such as jump rope, step lunges in multiple directions with progression to walking lunges, can be introduced
- Patient may begin a light jogging progression
- Return to sporting activities is typically allowed at 6-9 months post-operatively

**Progression Criteria to Return to Sport**

- No pain with normal daily activities
- Hip and knee range of motion within functional limits
- Community mobility without pain

Hamstring strength is 75% of the contralateral side (concentric and eccentric)

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