



## Proximal Hamstring Repair Physical Therapy Protocol

The intent of this protocol is to provide guidelines for your patient's therapy progression. It is not intended to serve as a recipe for treatment. We request that the PT/PTA/ATC should use appropriate clinical decision-making skills when progressing a patient. **Please obtain documentation of the exact procedure that was performed from our office prior to the first post-op visit.** Please contact our office if there are any questions about the protocol or your patient's progression.

Please keep in mind common problems that may arise following proximal hamstring repair. If you encounter any of these problems, please evaluate, assess, and treat as you feel appropriate, maintaining American Hip Institute's precautions and guidelines at all times. Gradual progression is essential to avoid flare-ups. If a flare-up occurs, back off with therapeutic exercises until it subsides.

Please reference the exercise progression sheet for timelines and use the following precautions during your treatments. Thank you for progressing all patients appropriately. **Successful treatment requires a team approach, and the PT/PTA/ATC is a critical part of the team! Please contact AHI at any time with your input on how to improve the therapy protocol.**

Please send therapy progress notes and renewal therapy prescription requests with the patient or by fax to (630) 323-5625. Notes by fax must be sent 3 days prior to the patient's visit to internally process this request. We appreciate your cooperation in this matter.

### ***Please Use Appropriate Clinical Judgment During All Treatment Progressions***

**Begin therapy the day after surgery. Therapy should begin 1 time per week for first 6 weeks, then 2-3 times per week after discharged from brace and crutches at 6 weeks following surgery, unless instructed otherwise by your AHI MD.**

### **Phase 1- Immediate Rehabilitation (day after surgery – end of week 6):**

#### Goals:

- Protection of the repaired tissue
- Restore ROM within guidelines
- Prevent muscular inhibition and gait abnormalities
- Diminish pain and inflammation

#### Precautions:

**Patients will be non-weightbearing for 6 weeks post-op, unless instructed otherwise**

Do NOT push through pain or pinching, gentle stretching will gain more ROM

#### ROM Guidelines:

- PROM of knee and hip begins at week 2
- Gentle AROM initiated at week 4



## **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

### Exercises: day after surgery – end of week 2:

Ankle Pumps, Gluteus squeezes, Quad squeezes, Transverse abdominals, gentle Hip Abd submax isometrics using a belt or Pilates ring, core stabilization, patellar mobilizations.

At 2 weeks: ankle strengthening, passive calf stretching with 0° hip flexion

### Exercises: week 3 – end of week 4:

Progress PROM 0-45 at the hip

Initiate AROM at week 4, but no hamstring contraction

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

### Exercises: week 5 – end of week 6:

Progress PROM at the hip 0-90\*

Isometric exercises

d/c brace after 6 weeks

Progress to FWB

At 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**

**Exercises: week 7 – end of week 8:**

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

Begin hamstring strengthening: hamstring sets, heel slides, DL bridge, standing leg extensions, physioball curls

Progress strengthening WB exercises (mini lunges, side stepping with resistance, mini squats, grapevines, etc)

**Exercises: week 9:**

Isotonic strength training progressed

Dynamic training advanced

Isokinetic work and dynamic stretching

**Phase 3 – Advanced Rehabilitation > 9 weeks:**

**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

**Precautions:**

No contact activities

No forced (aggressive) stretching

**Phase 3: Advanced Exercises**

**Exercises: week 10 – end of week 11:**

Lunges, Side to side lateral slides with cord, Forward/Backward running program, light Plyometrics, and resisted lateral walking

Progress running

Sideways agility drills

**Cardiovascular:** UBE progress to elliptical, stair master weeks 10 to 12



**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 patient's sport and/or work activities.

**Phase 4: Sport Specific Training > 12 weeks**

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

**Note:** Return to sport based on provider team input and appropriate testing. All times and exercises are to serve as guidelines. Actual progress may be faster or slower, depending on each individual patient, as agreed upon by the patient and his/her team of providers at AHI.