SPORTS MEDICINE & JOINT PRESERVATION
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PHYSICAL THERAPY PROTOCOL/PRESCRIPTION: PROXIMAL HAMSTRING REPAIR

Name: _____ Date of Surgery: _____

Diagnosis: _____ Signed: _____

Frequency: 2-3 times per week x 6 weeks

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 toe-touch weight-bearing for the between 6-8 weeks post-op, per Dr. Makhni's orders
  - Do Not Push Through Pain or Pinching, gentle stretching will gain more ROM
- ROM Guidelines: PROM of knee and hip begins at wk 2 Gentle AROM initiated at wk 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

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 at the hip
- 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*
- d/c 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

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

Precautions:

No contact activities
No forced (aggressive) stretching

Exercises 8-10 weeks

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