

Proximal Hamstring Tendon Repair Protocol

“As tolerated” should be understood to “perform with safety” for the reconstruction/repair. Pain, limp, swelling, or other undesirable factors are indicators that you are doing too much too soon. If any of these should occur, decrease your activity level. Ice should be applied to the hip and thigh for 15 to 20 minutes following each exercise, therapy, or training session.

All times and exercises are to serve as guidelines only. Progression through the protocol should be based upon criteria as opposed to dates listed and will vary depending on each individual patient. Progress should be agreed upon by the patient and his/her team of providers.

Post-Operative Phase I: Weeks 0 to 6

****Watch for wound healing****

- Weight Bearing
 - Weeks 0-3: Toe-touch weight bear with bilateral (2) crutches
 - Weeks 3-6: Weight bear as tolerated with bilateral (2) crutches
- ROM (range of motion): *Knee must be flexed with hip flexion >30⁰*
 - Begin with hip flexion 0⁰-30⁰, add 30⁰ every 2 weeks up to 90⁰
- Therapeutic Exercise – perform with knee flexed
 - Trunk and core stretching
 - Straight leg raises with assistance and Quad sets
 - Glute sets
 - Mini squats
 - Weeks 0-3: 0-30⁰
 - Weeks 3-6: 0-40⁰
- Proprioception - Standing weight shifts
- Modalities - Cryotherapy (Ice) six to eight times per for 15 to 20 minutes each time
- Cardio – initiate Week 4 if no wound concerns
 - Pool ambulation
 - Stationary bike (high seat) without resistance
 - Elliptical
- **Goals for Phase II**
 - Protected wound healing
 - Comfortable hip ROM 0-90⁰

Post-Operative Phase II: Weeks 6 to 12

- Weight Bearing – Weight bear as tolerated without crutches
- ROM (range of motion) - 0⁰-110⁰
- Therapeutic Exercise - Continue Phase I exercises
 - Step-ups and stair climber – start at 2” distance
 - Initiate closed kinetic chain exercises
 - Progress mini squats with increasing hip ROM
 - Core strengthening
- Proprioception
 - Standing weight shifts
 - Unstable surfaces
- Modalities - Cryotherapy (Ice) six to eight times per for 15 to 20 minutes each time
- Cardio – progress at Week 8
 - Swimming
 - Pool running
 - Treadmill walking
- **Goals for Phase III**
 - Increase hip ROM
 - Normal gait

Post-Operative Phase III: Weeks 12 to 16

- Weight Bearing – Weight bear as tolerated without crutches
- ROM (range of motion) - Full
- Therapeutic Exercise - Continue Phase II exercises
 - Plyometric program
 - Agility drills
- Proprioception
 - Standing weight shifts
 - Unstable surfaces
- Cardio
 - Treadmill running *once pain free with plyometric drills*
 - Sport-specific training and drills
- **Goals for Phase IV**
 - Return to functional activities pain free
 - Enhance coordination
 - Develop strength, power, and endurance

Post-Operative Phase IV: Weeks 16 – 24

Transitional Therapy for return to sport activities during this phase with progression based upon patient progress through earlier protocol.

In addition to ongoing strength, balance, agility, and cardio conditioning, initiate sport specific plyometric activities as tolerated such as:

Soccer/Football: Two foot ankle hop, double-leg hop, front barrier hop, lateral barrier hop, single-leg hop, power skip, backward skip, double arm alternate leg bound, and cycled split squat jump

Basketball/Volleyball: Two foot ankle hop, double-leg hop, squat jump, double-leg vertical jump, single-leg hop, single-leg vertical jump, power skip, backwards skip, double-arm alternate-leg bound, alternate leg push off box drill, and side-to-side push off box drill

Baseball/Softball/Overhead throwing sports: Two foot ankle hops, double-leg hop, front barrier hop, lateral barrier hop, single-leg hop, power skip, backward skip, double arm alternate leg bound, cycled split squat jump, and return to throwing program