



Geoffrey S. Van Thiel, MD/MBA

www.VanThielMD.com

gvanthiel@rockfordortho.com

Proximal Hamstring Repair

Phase I - 0-6 Weeks

The timeframes for each phase may be extended if the repair is delayed.

- Physical Therapy – Twice a week for 6 weeks
- Rehabilitation Goals
 - Protection of the repaired tendon(s)
- Weight Bearing
 - Use axillary crutches for up to 6 weeks
 - Post-operative weeks 0-6: Slow progression from 20% to 50% weight bearing
- Brace
 - The use of a brace is determined by the surgeon at the time of surgery. If a brace is used, the flexion is restricted to 60 degrees. Discontinue brace at 6 weeks.
- Precautions
 - Avoid hip flexion coupled with knee extension
 - Avoid unsafe surfaces and environments
- Suggested Therapeutic Exercises
 - Quad sets
 - Ankle pumps
 - Abdominal isometrics
 - Passive knee range of motion (ROM) with no hip flexion during knee extension
 - Post-operative weeks 3-4: Begin pool walking drills (without hip flexion coupled with knee extension), hip abduction, hip extension, and balance exercises
- Scar mobilizations
- Cardiovascular Exercise
 - Upper body circuit training or upper body ergometer (UBE)
- Progression Criteria
 - 6 weeks post-operative

Phase II - 6 weeks to 3 months

- Physical Therapy – Twice a week
- Rehabilitation Goals
 - Normalize gait
 - Good control and no pain with functional movements, including step up/down, squat, partial lunge (do not exceed 60° of knee flexion)
- Precautions
 - Avoid dynamic stretching
 - Avoid loading the hip at deep flexion angles
 - No impact or running

- Suggested Therapeutic Exercise
 - Non-impact balance and proprioceptive drills – beginning with double leg and gradually progressing to single leg
 - Stationary bike
 - Gait training
 - Begin hamstring strengthening – start by avoidance of lengthened hamstring position (hip flexion combined with knee extension) by working hip extension and knee flexion moments separately; begin with isometric and concentric strengthening with hamstring sets, heel slides, double leg bridge, standing leg extensions, and physio ball curls
 - Hip and core strengthening
- Cardiovascular Exercise
 - Upper body circuit training or UBE
- Progression Criteria
 - Normal gait on all surfaces
 - Ability to carry out functional movements without unloading the affected leg or pain while demonstrating good control.
 - Single leg balance greater than 15 seconds
 - Normal (5/5) hamstring strength in prone with the knee in a position of at least 90° knee flexion

Phase III - After 3 months

- Physical Therapy – Twice a week as needed
- Rehabilitation Goals
 - Good control and no pain with sport and work specific movements, including impact
- Precautions
 - No pain during strength training
 - Post-activity soreness should resolve within 24 hours
- Suggested Therapeutic Exercise
 - Continue hamstring strengthening – progress toward strengthening in lengthened hamstring positions; begin to incorporate eccentric strengthening with single leg forward leans, single leg bridge lowering, prone foot catches, and assisted Nordic curls
 - Hip and core strengthening
 - Impact control exercises beginning 2 feet to 2 feet, progressing from 1 foot to the other and then 1 foot to same foot
 - Movement control exercise beginning with low velocity, single plane activities and progressing to higher velocity, multi-plane activities
 - Initiate running drills, but no sprinting until Phase IV
- Cardiovascular Exercise
 - Biking, elliptical machine, Stairmaster, swimming, and deep water running
- Progression Criteria
 - Dynamic neuromuscular control with multi-plane activities at low to medium velocity without pain or swelling
 - Less than 25% deficit for side to side hamstring comparison on Biodex testing at 60° and 240° per second

Phase IV - Final Phase – After Previous Progression Criteria has been Met

- Physical Therapy – as needed
- Rehabilitation Goals

- Good control and no pain with sport and work specific movements, including impact
- Precautions
 - No pain during the strength training
 - Post-activity soreness should resolve within 24 hours
- Suggested Therapeutic Exercise
 - Continue hamstring strengthening – progress toward higher velocity strengthening and reaction in lengthened positions, including eccentric strengthening with single leg forward leans with medicine ball, single leg dead lifts with dumbbells, single leg bridge curls on physioball, resisted running foot catches, and Nordic curls
 - Running and sprinting mechanics and drills
 - Hip and core strengthening
 - Impact control exercises beginning 2 feet to 2 feet, progressing from 1 foot to other and then 1 foot to same foot
 - Movement control exercise beginning with low velocity, single plane activities and progressing to higher velocity, multi-plane activities
 - Sport/work specific balance and proprioceptive drills
 - Stretching for patient specific muscle imbalances
- Cardiovascular Exercise
 - Replicate sport or work specific energy demands
- Return to Sport/Work Criteria
 - Dynamic neuromuscular control with multi-plane activities at high velocity without pain or swelling
 - Less than 10% deficit for side to side hamstring compariso