



REHABILITATION GUIDELINES

PROXIMAL HAMSTRING REPAIR

Edward S. Chang, MD
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OFFICE LOCATIONS

TUESDAY

8100 Innovation Park
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WEDNESDAY

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CLINICAL NURSE

Eileen Perri, BSN
(703) 797-6918

The rehabilitation guidelines are presented in a criterion based progression program. General time frames are given for reference to the average, but individual patients will progress at different rates depending on their age, associated injuries, pre-injury health status, rehab compliance, tissue quality and injury severity. Specific time frames, restrictions and precautions may also be given to protect healing tissues and the surgical repair/reconstruction.

INDIVIDUAL CONSIDERATIONS:

PHASE I (Weeks 2-4)

Goals

Protect surgical repair

Precautions

1. NWB for first 4 weeks (Toe touch permitted for balance)
2. Hip Brace locked at 20 degrees- may be removed for therapy
3. Discontinue brace approximately 4 weeks after surgery depending on repair strength but keep using crutches for stability

Range of Motion

No hip flexion greater than 30 degrees.

Therapeutic

1. Ankle Pumps
2. Isometric Quad Sets
3. Light desensitization

PHASE II (Weeks 4-8)

Goals

1. Wean from brace
2. Improve Gait

Weight Bearing Status

1. Progressive WBAT Starting at week 4 (25%, 50%, 75%, 100%)



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Therapeutic

1. Brace is discontinued after one month post-op appointment with Dr. Chang and begin to wean from crutches
2. Standing hamstring curls is initiated with hip joint held in neutral and lower leg moving against gravity in pain free arc. Resistance is increased a pound at a time as tolerated with emphasis on high reps and frequency
3. When patient can move through a full and pain free flexion arc with 8-10 lbs. at high reps, he/she can then transition to machine hamstring curls
4. Quarter squats and heel raises progress from bilateral to unilateral status
5. Step down exercises using progressively higher steps
6. Gluteus maximus strength exercises progress from prone to supine
7. Gluteus medius strengthening is started in side lying position and is progressed to the upright position

- Begin unilateral knee extension and leg press activities with light resistance and increase as the operative leg tolerates (starting hip position should be below 90 degrees and pain free)
- Though flexibility exercises are contraindicated at this point, those complaining of tightness may do gentle single knee to chest stretch on involved side

Phase III (Weeks 8-16)

Goals

Return to unrestricted ADL's at home and work

Therapeutic

1. Continued hamstring strengthening which can advance from machines to exercises combining strength and balance
2. Pain free performance of nonimpact aerobic activities
3. Encourage gradual progression to 30-minute nonimpact aerobic exercise 3-5 times per week (if cycling cannot be tolerated, aquatic therapy recommended)

Phase IV (Weeks 16-24)

Goals

Gradual return back to activity/sport

Therapeutic

1. Advanced proprioceptive training is carried out as patient masters previous goals
2. Closed kinetic chain hamstring exercises i.e., advanced step downs, double to single leg Swiss ball curls, resisted incline hip extensions, roman dead-lifts, half to full squat progression
3. Low level plyometrics i.e., jump rope, step lunges in multiple directions with progression to walking lunges
4. Light jogging when permitted by physician
5. At 6 months, single leg hop for distance and (optional) Cybex isokinetic tests (180°/s and 60°/s)

Return to sport specific activities once involved hamstring strength is 75°/s versus the noninvolved leg at 60°/s with clearance from physician.