

## Chronic Proximal Hamstring Tendon Repair

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Surgeon must specify on the referral any specific requests or deviations that fall outside the scope of this protocol.

| Phase I   | Phase II  | Phase III   |
|---|---|---|
| (Weeks 0 – 6)   | (Weeks 6 – 12)  | (Weeks 12 – Discharge)  |
| <p style="text-align: center;"><b>PRECAUTIONS</b></p> <ul style="list-style-type: none"> <li>No active or resistive HS activity</li> <li>No HS stretching</li> <li>Avoid sitting on affected ischial tuberosity</li> <li>Keep HS in relaxed/shortened position at the knee/hip</li> <li>Non weight bearing and in brace</li> </ul> <p style="text-align: center;"><b>GAIT TRAINING</b></p> <ul style="list-style-type: none"> <li>NWB with crutches or knee scooter x 6 weeks</li> <li>Hinged knee brace locked in flexion (60-90 degrees as determined by surgeon)</li> </ul> <p style="text-align: center;"><b>EXERCISE</b></p> <ul style="list-style-type: none"> <li>Quad sets</li> <li>Glute sets</li> <li>Ankle pumps</li> </ul> <p style="text-align: center;"><b>Week 2</b></p> <ul style="list-style-type: none"> <li>Begin increasing passive knee extension <ul style="list-style-type: none"> <li>Wk 2: extension block set at 70°</li> <li>Wk 3: 50°</li> <li>Wk 4: 30°</li> <li>Wk 5: 10°</li> <li>Wk 6: full knee extension, remove brace</li> </ul> </li> <li>SLR up to 30°</li> <li>Goal to achieve full passive hip, knee range of motion at 6-8 weeks</li> </ul> | <p style="text-align: center;"><b>PRECAUTIONS</b></p> <ul style="list-style-type: none"> <li>No resistive HS activity</li> <li>No HS stretching</li> <li>Able to sit in an elevated chair with knee flexed</li> </ul> <p style="text-align: center;"><b>GAIT TRAINING</b></p> <ul style="list-style-type: none"> <li>WBAT progressing to FWB* with crutches when patient can actively perform SLR to 30°</li> </ul> <p>* FWB with stride length not exceeding length of patient's foot</p> <p style="text-align: center;"><b>Week 8</b></p> <ul style="list-style-type: none"> <li>D/C crutches when patient has good gait/postural control</li> <li>May progress to normal stride length with gait</li> </ul> <p style="text-align: center;"><b>EXERCISE</b></p> <ul style="list-style-type: none"> <li>Begin active HS ROM</li> <li>Supported mini squats</li> <li>Standing knee flexion AROM with ankle in PF</li> <li>Hamstring isometrics (pain-free)</li> <li>Walking in place on soft surface</li> <li>Standing calf raises with straight legs</li> <li>Stationary bike with elevated seat if 70° hip flex and 90° knee flex are achieved</li> </ul> | <p style="text-align: center;"><b>GAIT TRAINING</b></p> <ul style="list-style-type: none"> <li>Normal gait</li> </ul> <p style="text-align: center;"><b>EXERCISE</b></p> <ul style="list-style-type: none"> <li>Seated isometric HS with knee flex (6 sec on/off)</li> <li>Single leg march with theraband around ankle and anchored in front of patient</li> <li>Double leg bridge progressing to even weight distribution through involved leg (pain-free)</li> <li>Supine 90/90 active knee extension with no hold (pain-free)</li> <li>SLS</li> <li>Squats to 90°</li> <li>Prone SLR with slight hip IR, ER, and neutral (6 sec on/off)</li> </ul> <p style="text-align: center;"><b>Week 16+</b></p> <ul style="list-style-type: none"> <li>Initiate gentle eccentric strengthening (with at least 2 days of rest in between)</li> <li>HS strengthening (SL bridge, lunges, etc.)</li> <li>Cautious jogging forward and backwards</li> <li>Jogging in place working on high knees as tolerated</li> </ul> <p style="text-align: center;"><b>CRITERIA to Progress to Return to Sports Phase:</b></p> <ul style="list-style-type: none"> <li>Equal A/PROM</li> <li>5 pain free max reps in prone and supine HS curls at various lengths (prone and sitting – 0° knee flex, 45° knee flex, 90° knee flex)</li> <li>Jog pain-free with symmetrical gait</li> <li>Good eccentric hamstring control</li> <li>Strength portion of LE functional test within 80% of uninjured leg</li> </ul> |

Revised 1/2018