

Proximal Hamstring Repair Postop Protocol

<u>Postop</u>	<u>Goals</u>	<u>Precautions</u>	<u>Exercises</u>
Weeks 0-6 PT 1-2x/week HEP daily	Protect tendon repair Pain Control Swelling reduction Wound Observation Modalities	Crutches, TDWB with brace locked at 45 degrees when ambulating Knee flexed to 90 degrees when seated. No hip flexion > 90 Avoid combined hip flexion and knee extension No active hamstring contraction	Quad Sets, Ankle Pumps, Core Isometrics Prone passive ROM knee with hip extended. Knee extension limit: - Weeks 0-2: 45 degrees - Weeks 2-4: 30 degrees - Week 4+: full extension Prone HS isometrics with knee flexed Prone AAROM starting 4wks postop
Weeks 6-12 PT 2-3x/week HEP daily	Normalize Gait Control and no pain with functional movements Return to ADLs Work on single leg balance, partial lunge	Increase WB to 50% x 1-2 wks, then WBAT thereafter and wean crutches Avoid Dynamic stretching Avoid loading the hip at deep flexion angles No impact/running Do not exceed 60° hip flexion during partial lunge	Active/Passive ROM, Gait training Non-impact proprioceptive drills – start bilateral and increase 8wks+: Begin strengthening with isometric and concentric hamstring sets, heel slides, standing hip extension, clamshells, quarter squats bilateral Stationary bike with seat elevated Single leg balance
Weeks 12+ PT 2x/week HEP daily	Functional movements without unloading affected leg Limb control and no pain with sport and work specific movements	Defer run progression until single leg control, 8" step down test negative No pain with strength training	Continue hamstring strengthening and advance towards lengthened hamstring positioning, step up/downs Increase standing concentric and Begin eccentric strengthening with single leg forward leans, double leg bridging, single leg bridge lowering, assisted Nordic curls Impact control with 2 legged landing Hip/Core Strengthening Low impact cardio
4-5 month+ PT 1x/wk HEP daily	Increase mobility and function including sport specific	No pain during pain or impact activity Ensure dynamic neuromuscular control with sport activities Return to sport when <10% side to side deficit on Biodex, typically 6-9 months	Begin run progression / plyometric work Continue strengthening including higher velocity hamstring positioning, eccentric, single leg dead lifts Impact control with 2 leg → 1 leg landing Dynamic Movement control exercises and advance uniplanar to multiplanar Sport Specific