## Austin V. Stone, MD, PhD

UK HealthCare – Orthopaedic Surgery & Sports Medicine 215 Harrodsburg Rd, Suite 125 Lexington, KY 40508

0: 859-218-3057 F: 859-323-2412

## **Physical Therapy Prescription**

Patient Name:\_\_\_\_\_\_Date:\_\_\_\_\_

Diagnosis: Right/Left Proximal Hamstring Repair	
Date of Surgery:	
☐ Evaluate and Treat	
Provide patient with home exercise program. Teach patient how to transfer from supine to sitting positions and states to sitting positions safely	tanding

## Proximal Hamstring Repair Rehabilitation Protocol

	Weight-bearing	Brace	Range of Motion	Exercises
Phase 1 0-2 weeks	No weight bearing	Locked at 50° at all times including sleeping in activity	45° to full knee flexion passively when prone. No hip flexion	Ankle pumps, abdominal isometrics, but <b>no hip flexion with knee extension</b>
		Off for hygiene		
Phase 2 2-4 weeks	No weight bearing	Locked at extension 40° at all times including sleeping in activity	Progress to full knee extension passively when prone. No hip flexion	Ankle pumps, abdominal isometrics, but no hip flexion with knee extension.
		Off for hygiene		
Phase 3 4-6 weeks	weight bearing	Locked at 30° at all times including sleeping and activity.	Progress to full knee extension passively when prone. No hip flexion	Ankle pumps, abdominal isometrics, but no hip flexion with knee extension.
		Off for hygiene		

Phase 4 6-12 weeks	Progress to full weight bearing by 8 weeks	None	<ul> <li>ROM – Continue with daily Active Passive ROM exercises (Goal – increase ROM as tolerated)</li> <li>Non-impact balance and proprioceptive drills – beginning with double leg and gradually progressing to single leg</li> <li>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 physioball curls</li> <li>Stationary bike for ROM, strengthening, and cardio</li> <li>Gait Training</li> </ul>
Phase 5 12-18 weeks	Full	None	<ul> <li>Advance strengthening as tolerated, continue closed chain exercises. Increase resistance on equipment.</li> <li>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</li> <li>Hip and core strengthening</li> <li>Impact control exercises beginning 2 feet to 2 feet, progressing from 1 foot to the other and then 1 foot to same foot</li> <li>Movement control exercise beginning with low velocity, single plane activities and progressing to higher velocity, multi-plane activities</li> <li>Initiate jogging, running, sprinting drills</li> </ul>
Phase 4 18 weeks – 6 months	Full	None	<ul> <li>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</li> </ul>
			<ul> <li>Running and sprinting mechanics and drills</li> </ul>
			<ul><li>Hip and core strengthening</li></ul>
			<ul> <li>Impact control exercises beginning 2 feet to 2 feet, progressing from 1 foot to other and then 1 foot to same foot</li> </ul>
			<ul> <li>Movement control exercise beginning with low velocity, single plane activities and progressing to higher velocity, multi-plane activities</li> </ul>
			<ul> <li>Sport/work specific balance and proprioceptive drills</li> </ul>
			<ul> <li>Stretching for patient specific muscle imbalances</li> </ul>

Please fax a copy of patient report to 859-323-2412 at least 3 days prior to patient appointment.