

Post-Operative Rehabilitation Guidelines: Endoscopic or Open Proximal Hamstring Repair

Phase I: Weeks 0-6

Rehabilitation Goals

- 1. Initiate home exercise program, including DVT prevention and isometric exercises, allowing for optimal healing
- 2. Protection of the repaired tendon(s) and pain control
- 3. Weight Bearing use axillary crutches for up to 8 weeks
- 4. **Post-operative weeks 0-2**: toe touch weight bearing as tolerated
- 5. Brace: hinged knee brace locked at 45-50 degrees at all times until week 4 (endoscopic) or week 6 (open)
- 6. Formal PT deferred until 4 weeks (endoscopic) or 6 weeks (open) post-op

Precautions

- 1. **AVOID** hip flexion coupled with knee extension (hamstring stretch)
- 2. **AVOID** unsafe surfaces and environments

Suggested Therapeutic Exercises

- 1. Quad sets
- 2. Ankle pumps
- 3. Abdominal isometrics
- 4. Passive knee ROM without hip flexion during knee extension
- 5. Scar mobilizations
- 6. Cardiovascular Exercise: Upper body circuit training or upper body ergometer (UBE)
- 7. Post-operative weeks 3-4: Begin pool walking drills (if incision healed, without hip flexion coupled with knee extension), hip abduction, hip extension, and balance exercises
- 8. Progression Criteria: 6 weeks post-operative

Phase II: Weeks 6-12

Rehabilitation Goals

- 1. Post-operative weeks 4-8: Unlock hinged knee brace to 30 degrees flexion for several days, then 0 degrees flexion/extension. Progress weight bearing as tolerated with weaning from crutches
- 2. Normalize gait
- 3. Good control and no pain with functional movements, including step up/down, squat, partial lunge (do not exceed 60° of knee flexion)

Precautions

- 1. AVOID dynamic stretching
- 2. AVOID loading the hip at deep flexion angles
- 3. NO impact or running

Suggested Therapeutic Exercises

- 1. Non-impact balance and proprioceptive drills beginning with double leg with gradual progression to single leg
- 2. Stationary bike
- 3. Gait training
- 4. Begin hamstring strengthening start by avoidance of lengthened hamstring position (hip flexion combined with knee extension) via working hip extension and knee flexion moments separately



Phase II: Weeks 6-12 – Suggested Therapeutic Exercises continued

- Begin with isometric and concentric strengthening with hamstring sets, heel slides, double leg bridge, standing leg extensions, and physioball curls
- 5. Hip and core strengthening
- 6. Cardiovascular Exercise: Upper body circuit training or UBE
- 7. Progression Criteria
 - a. Normal gait on all surfaces
 - b. Ability to carry out functional movements without unloading the affected leg or pain while demonstrating good control
 - c. Single leg balance >15 seconds
 - d. Normal (5/5) hamstring strength in prone with the knee in a position of at least 90° knee flexion

Phase III: Weeks 12-16

Rehabilitation Goals

1. Good control and no pain with sport/work specific movements (including impact activities)

Precautions

- 1. No pain during strength training
- 2. Post-activity soreness should resolve within 24 hours

Suggested Therapeutic Exercise

- 1. Continue/advance 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
- 2. Hip and core strengthening
- 3. Impact control exercises: 2 feet to 2 feet \rightarrow 1 foot to the other \rightarrow 1 foot to same foot
- 4. **Movement control** exercises: low velocity / single plane activities → higher velocity, multi-plane activities
- 5. Initiate running drills (NO sprinting until Phase IV)
- 6. Cardiovascular Exercise: Biking, elliptical machine, Stairmaster, swimming, and deep water running
- 7. Progression Criteria
 - a. Dynamic neuromuscular control with multi-plane activities at low/medium velocity without pain or swelling
 - b. < 25% deficit for side to side hamstring comparison on Biodex testing at 60° and 240° per second

Phase IV: Weeks 16-24

Rehabilitation Goals

1. Good control and no pain with sport and work specific movements, including impact

Precautions

- No pain during the strength training
- 2. Post-activity soreness should resolve within 24 hours

Suggested Therapeutic Exercise

- 1. Continue/advance hamstring strengthening progress toward higher velocity strengthening and reaction in lengthened positions, including:
 - a. 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
- 2. Running / sprinting mechanics and drills
- 3. Hip and core strengthening
- 4. **Impact control exercises**: 2 feet to 2 feet → 1 foot to the other → 1 foot to same foot



- 5. **Movement control exercises:** low velocity / single plane activities → higher velocity, multi-plane activities
- 6. Sport/work specific balance and proprioceptive drills
- 7. Stretching for patient specific muscle imbalances
- 8. Cardiovascular Exercise: Replicate sport or work specific energy demands

Phase IV: Weeks 16-24 - Suggested Therapeutic Exercises continued

9. Return to Sport/Work Criteria

- a. Dynamic neuromuscular control with multi-plane activities at high velocity without pain or swelling
- b. <10% deficit for side to side hamstring comparison on Biodex testing at 60° and 240° per second
- c. < 10% deficit on functional testing profile

Important Information

- Office Hours: Monday Friday; 7:30am –4:30pm
- After Hours/Emergency Contact: Resident/Fellow 708.236.2600
- Central Scheduling: 708.236.2701 | https://rushortho.radixhealth.com/dash/self/#/schedule/29
- Administration: Jeannie Taylor 312.432.2525
- Physician Assistants: Sara, Delaney, & Erica 312.432.2388 | nhopa@rushortho.com

We are in clinic or surgery and not answering calls in real time - we will return all voicemails within 24-48 hours.