



ORTHOPEDECS &
SPORTS MEDICINE
BAYCARE CLINIC

Dr Schock
Proximal Hamstring Tendon Repair

Phase 1- 0-6 weeks

Goals for phase 1

- Protection of the surgical repair
- Control pain

Precautions

- Non-weight bearing with crutches 6 weeks
- Avoid active hamstring contraction
- Avoid hip flexion greater than 60 degrees
- No active knee flexion against gravity
- Knee extension limited pending intra-operative tension on the repair

Brace

- Knee locked at 90 degrees flexion in brace.

Weight bearing

- Non-weight bearing with crutches 6 weeks.
 - May use knee walker.

Manual Therapy

- Light desensitization massage to the incision and posterior hip.
- Scar massage.

Strengthening

- Ankle pumps.
- Quad sets.
- Abdominal isometrics.

Range of Motion

- Hip PROM at week 2. Do not exceed 60 degrees of hip flexion.
- Gentle PROM of the knee and AROM hip at week 4. Do not exceed 60 degrees of hip flexion. Do not allow knee extension beyond the restrictions and limited by the brace. No active knee flexion against gravity.

Ice

- 4-6 times per day for 20 minutes per session.



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Phase 2: Week 6-12

Goals for phase 2

- Protect the tendon repair and allow healing
- Restore normal gait
- Return to pain-free functional ADLs

Precautions

- Monitor tenderness at the surgery site
- No hamstring stretching exercises
- No impact or running

Brace

- Weeks 6-8: Patient to ambulate with brace open 0-40 degrees.
- MD office to allow further opening of the brace.

Weight bearing

- Weeks 6-8: Progression back to FWB with BW% increasing by 25% every 3-4 days if the patient has controlled pain and appropriate knee control.

ROM

- Progress hip and knee flexion as tolerates in all planes.
- No hamstring stretching in home exercise program.

Strengthening

- Weeks 6-8: Continue with phase 1 exercises.
 - Progressive hip and knee flexion ROM, heel slides, and short arc quads.
- Weeks 8-10: Submax hamstring isometrics. Core strengthening. Heel raises.
- Weeks 10-12: Stationary bike, clamshells, wall slides, and partial squats. Balance and proprioceptive training beginning with double leg.

Proprioception

- Weeks 10-12: Double leg balance and proprioceptive training.

Aquatics

- May initiate when incision are healed. Maintain weight bearing precautions and no resisted hamstring AROM.

Ice

- 2 times a day for 20 minutes.



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Phase 3 – Weeks 12-16

Goals of phase 3

- Return to unrestricted ADLs at home and work
- Hamstring strengthening

Precautions

- No pain during strength training
- Do not overload with repaired tendon

Brace

- Discharged by this phase.

Weight Bearing

- WBAT without assistive device.

ROM

- Begin gentle hamstring stretching exercises for HEP.

Strengthening

- Begin gentle hamstring stretching exercises.
- Full ROM exercises for the hip and knee.
- Begin hamstring strengthening exercises. Start with hamstring curls strengthening with the patient standing and the hip joint in neutral. Lower the leg moving against gravity in pain-free arcs. Emphasis is on high repetitions and gradual increase of resistance.
- Hip extension against gravity.
- Hip and core strengthening progression.
- Leg press with light resistance and increase the resistance as tolerated.
- Single leg closed chain exercises. (Step downs).

Proprioception

- Introduce unstable surface starting with double leg.

Cardiovascular

- Walking progression on level surface.

Phase 4- Weeks 16-24

Goals for phase 4

- Progress muscle strength, endurance, and balance

Precautions

- No sprinting till 24 weeks post-op

Exercises

- Perform advanced proprioceptive training such as on unstable surfaces with perturbations and/or dual tasks. Add sport specific balance tasks.
- Closed kinetic chain hamstring exercises such as advanced step downs, double to single-leg swiss ball hamstring curls, and half to full squat progression with progressive resistance.
- Week 20: Low level plyometric, such as jump rope. Step lunges in multiple directions with progression to walking lunges.
- Weeks 16-20: Walk to jog progression.
- Weeks 20-24: Progressive running.

This protocol was reviewed and updated by Alan Tesoro, MSPT and Harold Schock, MD February 2018.