

## Proximal Hamstring Repair Protocol

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Patient \_\_\_\_\_  
 DOS \_\_\_\_\_

	Weeks 0-2	Weeks 2-4	Weeks 4-6	Weeks 6-8	Weeks 8-12	Weeks 12-16	Weeks 16-24	
<b>Appointments</b>	Start 3-5 days post. 1-2 x week			1-2 x week		Every 1-2 weeks pending progress and transition to HEP	Every 1-2 weeks to progress exercises with continuation of HEP	
<b>Weight Bearing</b>	Toe-touch Weight bearing			Gradually wean from crutches and increase to FWB as tolerated		FWB with no brace		
<b>Brace Settings</b>	Crow: Locked at 90 degrees flexion Peissig: Locked at 50 degrees flexion			Discontinue/ wean from brace as tolerated				
<b>Precautions</b>	-Avoid hip flexion coupled with knee extension -Avoid unsafe surfaces and environments			-Avoid dynamic stretching -Avoid loading of the hip at deep flexion angles -No impact or running activities		-No pain during strength training -Post-activity soreness resolves within 24 hours		
<b>Cardiovascular Exercise</b>	Upper body ergometer (UBE) or upper body circuit training					Biking, elliptical, Stairmaster, swimming, deep water running	Replicate sport or work specific energy demands	
<b>Progression Criteria</b>	6 weeks post-op			-Normal gait on all surfaces -Walking with no limp -Single leg balance greater than 15 seconds -Normal (5/5) hamstring strength in prone with knee at least 90 degrees of flexion		-Dynamic neuromuscular control with multiplane activities at low to medium velocity without pain or swelling -Less than 25% deficit for side-to-side hamstring deficit comparison on Biodex testing at 60 degrees and 240 degrees per second	-Dynamic neuromuscular control with multiplane activities at high velocity without pain or swelling -Less than 15% deficit for side-to-side hamstring deficit comparison on Biodex testing at 60 degrees and 240 degrees per second -Less than 10% deficit on functional testing profile	
<b>Exercises</b>	Quad sets  Ankle pumps  Abdominal isometrics  PROM Knee with NO hip flexion during knee extension	PO weeks 3-4: may begin pool walking (with no hip flexion coupled with knee extension), hip abduction, hip extension, balance exercises  Scar mobilizations	Non-impact balance and proprioceptive drills: double leg with gradual progression to single leg  Stationary bike  Gait training  Begin hamstring strengthening by working hip extension and knee flexion movements separately  Begin with isometric and concentric strength training with hamstring sets, heel slides, double leg bridge, standing leg extensions, and physio ball curls			-Continue single leg forwards leans, bridge lowering, foot catches, and assisted Nordic curls for hamstring strengthening.  Hip and core strengthening  Begin impact control exercises from 2x2 feet, then progress to 1x1 feet.  Movement control exercises beginning with low velocity, multiplane activities  Initiate running drills, no sprinting until PHASE IV		Progress hamstring strength with exercises like SL deadlifts, bridge curls, Nordic curls, and resisted running.  Start with slow, single plane movements and advance to faster, multiplane movements.  Running and sprinting mechanic and drills  Sport/work specific balance and proprioceptive drills  Stretching for patient specific muscle imbalances

Any Questions? Please contact: **Northwoods Therapy Associates/Altoona, WI (715) 839-9266/ Chippewa Falls, WI (715) 723-5060**

July 2024