



# Mid-America Orthopedics

**Dr. John Babb**

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## PROXIMAL HAMSTRING REPAIR REHABILITATION PROTOCOL

### Day 1-6 Post-op

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- PT removes bandages on POD #3, keep steri-strips intact until Dr. Babb can remove them.
- No ointments, betadine etc should be used on the incisions or portals.
- If any drainage/oozing is present, re-cover with 4x4's, and notify Dr. Babb (may need antibiotics).
- **NO ice bags** on any oozing or open wounds without being covered first with a bandage.
- If any wounds are oozing delay range of motion until wounds are closed and healed.
- **NO water on wounds** for 2 weeks (including showers) even if covered, no submersion of wounds in water (baths) until wounds are healed.
- **Ambulation:** TTWB
- **Brace:** Brace use **required** for 6 weeks after surgery. Brace prevents external rotation and limits hip flexion to 45 deg.
- **ROM:** PROM/AAROM hip and knee flexion. Hip flexion limited to 60 deg.
- **NO ACTIVE HAMSTRING OR HIP EXTENSION FOR 6 WEEKS.**
- **Strengthening:**
  - Quad sets
  - ankle pumps

### Day 14-41 Post-op

- **Ambulation:** PWB 50%
  - **Brace:** flexion limited to 60 deg. until Day 28 then gradually progress to 90 deg. flexion by Day 42.
- **ROM:** AAROM/PROM hip and knee flexion
- **Strengthening:** Continue previous exercises
  - SLR- hip abduction
  - SAQ
  - Standing calf raises
  - OK for non-involved limbs

### 6-12 weeks Post-op

- **Ambulation:** Progressively wean off of crutches over 2 week period starting at 6 weeks post-op.
  - **Brace:** discontinue brace per MD discretion

- Cardio: progressive slow walking on level surfaces
- **ROM:** progress to active hip and knee flexion
  - active stretching all uninvolved muscle groups
  - stationary bike
- **Strengthening:**
  - HS curls antigravity
  - Hip extension antigravity
  - Progress to ankle weight PRE at 10 weeks post-op: 1 lb per week up to 5 lbs.
  - Bridging
  - SLR
  - Wall slides
  - Clams shells
  - partial squats

### **12-16 weeks post-op**

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- **Ambulation:** FWB
  - **Brace:** neoprene support as needed
  - Walk progression on level surface with gradual increase in speed and distance
- **ROM:** Full ROM
- **Strengthening:** Continue previous exercises
  - Gentle HS strengthening
  - Single-leg CKC loaded exercises
  - Cautious use of weight-training machines

### **16-20 weeks post-op**

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- **Ambulation:** FWB
  - **Brace:** neoprene support as needed
  - Walk to jog progression
  - **NO SPRINTING OR SPEED WORK**
- **ROM:** Full ROM
- **Strengthening:** Continue previous exercises
  - Progressive strengthening avoiding overload to HS

### **20-24 weeks post-op**

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- **Ambulation:** FWB
  - **Brace:** neoprene support as needed
  - Progressive run/speed/agility
  - No jump training until after 24 weeks post-op.
- **ROM:** Full ROM
- **Strengthening:** Continue previous exercises

### **24+ weeks post-op**

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- **Cutting drills**

- **Jump training**
- **Advance sport specific drills:**
- **Teach deceleration and injury prevention techniques:**
  - Rounded turn
  - Bent knee landings
  - 3-step stops
- **Criteria for return to sport:**
  - Isometric quad/hamstring testing on surgery leg  $\geq 95\%$  of non-surgery leg
  - Functional hop testing (broad jump, single leg hop, single leg triple hop with control, single leg triple hop with crossover) on surgery leg  $\geq 95\%$  of non-surgery leg

Patient progression during the time frames along with general modality and exercise choice is left up to the discretion of the treating therapist. If you have any questions regarding this protocol, please contact (316) 630-9300.