

## Hamstring Repair Rehab Protocol

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Phase I	Phase II	Phase III	Phase IV
Week 0-4	Week 4-8	Week 8-10	Week 10+
**PT is generally not initiated	General Goals:	General Goals:	General Goals:
until ~4 weeks post op	-Achieve full knee ext	-Maintain full ROM	-Return to full functional activities
Conoral Cools	-Normalize gait	-Normalize gait	-Prepare for return to sports
General Goals: -Maintain WB restrictions	-Progress strength and endurance	<ul><li>-Restore muscle strength &amp; endurance</li></ul>	Clinical Implications:
-Allow tissue healing	General Precautions:	-Restore proprioception & balance	Clinical Implications: -Advance strengthening of single
-Manage pain and inflammation	-No resisted hamstring x8 weeks	-kestore proprioception & balance	leg CKC exercises:
	-No passive hamstring stretching	General Precautions:	-Retro step up
General Precautions:	ivo passive nameting stretching	-Avoid impact activity	-Multi-directional lunges
-No resisted hamstring x8 weeks	Brace:	-Avoid aggressive eccentric	-Single leg squat
The resisted flamstring to weeks	-Brace at all times x6 weeks:	hamstring exercise (esp CKC)	-Leg press single leg
Brace:	settings per surgeon preference	-Avoid loading of hip at deep	-Progress treadmill walking,
-Brace at all times x6 weeks:		flexion angles-Avoid lengthened	biking, elliptical, etc
settings per surgeon preference	Weight Bearing:	hamstring position (hip flex	-Initiate impact control exercises
	-Progress to WBAT week 6-8	combined with knee ext):	at week 12:
Weight Bearing:		recommend working hip ext, knee	-Begin 2 feet to 2 feet
-NWB x4 weeks	ROM:	flex separately	-Progress to 1 foot with land to
-25-50% WB (per surgeon) week	-AROM hip, knee ankle (NO		opposite side
4-6	passive stretching into hip flex nor	ROM:	-Progress to 1 foot with land to
	other hamstring stretching)	-PROM, AROM to end range	same side
Clinical Implications:	-Gentle gravity-assisted knee ext	hip/knee	
-PROM in brace full flex to 30° (DO	stretching		Criteria to Progress to Functional
NOT FORCE MOTION) at week 4		Clinical Implications:	Training:
	Clinical Implications:	-Aerobic Exercise: biking (low	-Generally weeks 12-20
	-Quad set isometrics	resistance), swimming, elliptical	-May initiate run/walk program if
	-Multi-planar SLR	(low resistance)	strength is comparable to
	-Active hamstring curl without resistance in pain free ROM	-Light hamstring strengthening	contralat leg (generally ~ 3-4
	-Lumbo-pelvic stabilization	and SLR progressing from 1-3# -Initiate CKC exercise:	months post op)  **Must be able to do 4-6 inch
	-Lumbo-pervic stabilization	-Single leg stance	step down with slow control x25-
		-Double calf raise	30 reps before initiating running
		-Terminal knee ext w/ band	program
		-Shallow squats	F. 68. a
		-Light resistance, leg press	Return to Sports:
		double leg	-As directed by surgeon: generally
		-Bridging	return to collision sports after 9
		-Step up progression	months
		-Initiate proprioception/balance	Criteria for Return to Sports:
		drills	-No competitive sports until
		-Continue lumbo-pelvic	cleared by surgeon
		stabilization	-Full and painless AROM
			-No patellofemoral jt pain
			-MMT strength 90-100% contralat
			LE
			-≥ 85% to contralat LE for single
			leg hop for distance, 6 meter
			timed hop, triple jump cross over
			hop and single leg squat tests.