

Proximal Hamstring Repair Rehabilitation Protocol

David E. Hartigan, M.D.

Patient Name	Date of Surgery
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Hamstring Procedure:

Right Left

Frequency: _____ x/week x _____ weeks

Chronic with or without Allograft Reconstruction:

- **Non-Weight Bearing, brace use required for 6 weeks after surgery.**
 - **Week 1-2:** Braced locked at 90° no extension greater than 90° of knee flexion
 - **Week 3-4:** Braced locked at 60° of knee flexion (Gentle PROM from full flexion to 60°, **do not force**)
 - **Week 5-6:** Brace with extension stop at 30° of knee flexion (Gentle PROM from full flexion to 30°, **do not force**)
- **At 6 weeks through return to play**
 - Discontinue Brace
 - Weight Bearing as tolerated
 - Gentle initial ROM, progress as tolerate do not force.
 - Functional strengthening, start at 8 weeks (Co-contraction exercises such as knee bends...)
 - Isolated hamstring resisted strengthening (leg curls...) begin at 3 months
 - Return to sport 6 months post Op

Acute:

- **Non-Weight Bearing, brace use required for 4 - 6 weeks after surgery. Only remove the brace for showering, keep hip flexed to 90° and knee bent at 90°**
 - **Week 1-2:** Braced locked at 60° of knee flexion (Gentle PROM from full flexion° to 60°, **do not force**)
 - **Week 3-6:** Braced with extension stop at 30° of knee flexion (Gentle PROM allowed from full flexion° to 30°, **do not force**)
- **At 6 weeks through return to play**
 - Weight Bearing as tolerated
 - Gentle initial ROM, progress as tolerate do not force
 - Functional strengthening, start at 6 to 8 weeks (Co-contraction exercises such as knee bends...)
 - Isolated hamstring resisted strengthening (leg curls...) begin at 2 months
 - Return to sport 4-6 months post Op

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary. This patient ___ would ___ would not benefit from social services.

Physician Signature

Date

Printed Name