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Proximal Hamstring Repair Protocol

	Weight-baring	Brace	Range of Motion	Exercises
Phase 1 0-2 weeks	No weight bearing	Locked at 50°at all times including sleeping in activity Off for hygiene	45° to full knee flexion passively when prone. No hip flexion.	Ankle pumps, abdominal isometrics, but no hip flexion with knee extension
Phase 2 2-4 weeks	No weight bearing	Locked at extension 40° at all times including sleeping in activity Off for hygiene	Progress to full knee extension passively when prone. No hip flexion.	Ankle pumps, abdominal isometrics, but no hip flexion with knee extension
Phase 3 4-6 weeks	Touch-down weight bearing	Locked at 30° at all times including sleeping and activity. Off for hygiene	Progress to full knee extension passively when prone. No hip flexion.	Ankle pumps, abdominal isometrics, but no hip flexion with knee extension
Phase 4 6-12 weeks	Progress to full weight bearing by 8 weeks	None	increase ROM as toleral Non-impact balance and leg and gradually progress Begin hamstring strengt hamstring position (hip f working hip extension as isometric and concentric double leg bridge, stand	d proprioceptive drills – beginning with double

			Gait Training	
Phase 5 12-18 weeks	Full	None	Advance strengthening as tolerated, continue closed chain exercises. Increase resistance on equipment.	
			Continue hamstring strengthening – progress toward strengthening in lengthened hamstring positions; begin to incorporate eccentric strengthening with single leg forward leans, single leg bridge lowering, prone foot catches	
			Hip and core strengthening	
			Impact control exercises beginning 2 feet to 2 feet, progressing from 1 foot to the other and then 1 foot to same foot	
			Movement control exercise beginning with low velocity, single plane activities and progressing to higher velocity, multi-plane activities	
			Initiate jogging, running, sprinting drills	
Phase 4 18 weeks- 16 months	Full	None	Continue hamstring strengthening – progress toward higher velocity strengthening and reaction in lengthened positions, including eccentric strengthening with single leg forward leans with medicine ball, single leg dead lifts with dumbbells, single leg bridge curls on physioball, resisted running foot catches	
			Running and sprinting mechanics and drills	
			Hip and core strengthening	
			Impact control exercises beginning 2 feet to 2 feet, progressing from 1 foot to other and then 1 foot to same foot	
			Movement control exercise beginning with low velocity, single plane activities and progressing to higher velocity, multi-plane activities	
			Sport/work specific balance and proprioceptive drills	
			Stretching for patient specific muscle imbalances	