

Rehabilitation after Proximal Hamstring Repair

The first phase of rehabilitation consists of toe-touch weight bearing for 10 to 14 days with advancement to 25% weight bearing for the next 3 weeks. This allows slight hip and knee flexion, taking care to prevent any stress on the tendon repair. Passive range of motion of the knee and hip is begun at week 2, and gentle active range of motion is initiated by week 4. The brace is discontinued by week 6.

The second phase starts with full weight bearing at week 6 and normal gait training. Passive and active ranges of motion are progressed. And aqua- therapy is introduced. Isotonic exercises are begun within a limited range of motion, avoiding the terminal ranges of motion. Core pelvic strength training and closed-chain exercises also are initiated. At 8 weeks after surgery, isotonic strength training is progressed, and dynamic training is advanced. An isometric strength evaluation at 60° of flexion is performed at 10 weeks.

After 10 weeks, the final phase of rehabilitation begins with the initiation of dry land jogging. A full isokinetic evaluation is performed at 60°'s, 120°'s, and 180°'s compared with results from the nonsurgical side. This evaluation provides objective evidence of strength deficits for patients and therapists and allows specific milestones for return to sport. Sport-specific activities are continued; return to sporting activity is permitted when isokinetic testing is 80% of the unaffected side – similar to the protocol for return for patients after anterior cruciate ligament reconstruction. Typically this occurs between 6 and 9 months.