

HAMSTRING REATTACHMENT REHABILITATION PROTOCOL

Please note that the timeframes mentioned are general and will vary from patient to patient depending on their individual presentations, pre-injury activity levels, delay in presentation, goals, sciatic nerve involvement etc. They are meant to be guidelines only. Please check with the surgeon if there are any major variances during the rehab journey.

Phase 1: Acute Phase (0 – 2 weeks)

Goals:

- Reduce pain and swelling
- Wound care
- Restore standing posture and weight bearing
- Maintain sciatic nerve mobility

Guidelines:

- Physiotherapy intervention is at a minimum
- No muscle tension passive or active i.e. hip flexion must only occur with simultaneous knee flexion
- Gentle neural mobilisations (off-loading not stretching)



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Phase 2: Continued Healing and repair (2 – 6 weeks)

Goals:

- Scar management and protection
- Restore normal gait pattern and full weight bearing status
- Pain free, non-resisted full hip AROM with the knee >90° flexion
- Pain free, non-resisted full knee AROM with the hip at 0° in supine or side lying.
- Dynamic core stability and gluteal strengthening
- No scar massage until 4 weeks post-op. Use Micropore tape and other scar management treatments such as Cica Care or Kelocote)

Guidelines:

- Lying: Supine heel slides hip and knee flexion to hip and knee
 extension: progression = gradually sit up as doing the heel slides
- Supine crook lying single leg press against theraband: progression= supporting leg can hover or be raised whilst affected leg performs the leg press motion
- Supine over the bed Knee extensions open chain progressive resistance for quads strengthening and neural mobilisation. NB: Not sitting
- **Standing**: Double leg calf raises: progression = single leg calf raises
- Glute strengthening: standing hip hitching and standing to side-lying straight leg abduction



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Phase 3: Continued Repair Phase (6 – 12 weeks)

Goals:

- Begin gravity-only resisted hamstring strengthening in neutral hip position
- Start gentle proprioception/balance workout

Guidelines:

- Standing: Walking on flat ground as able but not as form of exercise.
 (Comfortable pace for 10 mins, progressing to 30min by week 12)
- 1/4 squats with light hand-weights adding up to < 1/4 of body weight
- Standing theraband exercises (hip Abd/Ext). Theraband attached to ankle,
 pulling involved leg out to side and backwards against a gentle resistance
- Exercise bike as tolerated
- Lying: Double leg bridging in crook lying with feet on the floor. Progression:
- Decrease arm support from by side to across chest
- Add a box under feet then progress to legs on chair
- Lumbar spine mobility with lower legs on a Swiss ball. Rolling the ball forward and back and side-to-side.
- Core stability progressions: Pilates reformer leg press (light springs)
- Prone leg curls, no added weight resistance. Progression = standing leg curls
 - (No weights until 12 weeks)



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Orthopaedic Sports Medicine, Arthroscopy, Arthroplasty and Trauma surgery Rooms: Peninsula Private Hospital, 525 McClelland Drive, FRANKSTON VIC 3199



Phase 4: Remodeling Stage (12 – 16 weeks)

Goals:

- Increase strength of hip/knee/ankle and kinetic chain
- Full range of motion at hip and knee
- Begin hamstring stretches
- Begin strengthening Hamstring with added weight resistance
- Progress proprioception/balance work

Guidelines:

- **Standing**: Fast walking (flat ground no hills)
- Walk and balance on mini-tramp/foam balance
- Pilates scooter and home scooter with Theraband. Slow and controlled with progressive increase in resistance
- Lying: Continue standing Theraband exercises (increase resistance)
- Stretching: Straight leg raise or sitting knee extension to a gentle discomfort (2/10 VAS)
- Hamstring strengthening with added resistance. Progression prone –
 standing machine leg curls
- Swiss ball double leg bridges with core pre-activation
- Single leg ¼ squats holding up to ¼ body weight
- Progress gluteal strengthening: Supine theraband hamstring pull downs
- Leg press: initially double leg and progress to single leg. Progressive resistance



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Phase 5: continued remodeling and strengthening stage (16 – 24 weeks)

Goals:

- 60-70% hamstring strength of involved side vs. non-involved side
- Progress to eccentric hamstring strengthening
- Jogging to 75% pace
- Progress hamstring resisted weight training

Guidelines:

- Lying: Swiss Ball bridges: Progression Double leg on Swiss ball, pull
 heels towards buttock, slow and controlled. Maintain a stable pelvis and
 slowly decrease arm support.
- Increasing core stability exercises (advanced Pilates)
- **Sitting**: Continue leg press > body weight
- Hamstring curls in positions gradually increasing hip flexion
- Standing: Fast walking up hills
- Progress hamstring resisted weight training: suggestions double leg single leg – 2 up concentric and 1 down eccentric. Gradually increase the speed.
- Balance on involved straight leg; bend over to touch the floor in front of you, then to the left, right and with alternate hands. Return to standing and repeat.
- Scooter: resistance on pilates reformer machine or with theraband
- Plyometrics: jumping, hops and landing with $\frac{1}{4} \frac{1}{2}$ turns
- Sciatic neural mobilisation: Swinging leg and head nods
- Light jogging on flat surface, starting with intervals of 100m with walking in between. Eg: 30m acceleration / 40m jog at 50% / 30m deceleration.
 Increase intensity as appropriate
- Backwards striding. Increase speed gradually, focusing on deceleration control.



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Tel: 03 8594 0399 Fax: 03 9012 4346

Email: reception@eastcoastortho.com.au Website: eastcoastortho.com.au





Phase 6: Sports Specific phase (24 weeks plus)

Goals:

- Return to sport
- Running to sprinting
- >80% hamstring strength of involved side vs non-involved side by 24 weeks
- >85% hamstring strength of involved side vs non-involved side by 18-24 months

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Guidelines:

- Sport specific drills
- Plyometrics: alternate jump/split/scissor mini squats and mini lunges.
 Progression: add hand weights
- Running drills: increase speed work and multi-directional
- Straight leg dead lifts
- Nordic Hamstring curls (eccentric then concentric and eccentric)



