

Physical Therapy Prescription Proximal Hamstring Repair

Patient Name:

Today's Date:

Surgery Date:

Dx: s/p (LEFT / RIGHT) Proximal hamstring rupture

MODALITIES

TIME PERIOD	WEIGHT BEARING	RANGE OF MOTION	BRACE	EXERCISES
0-6 weeks	NWB with crutches	Hip and knee PROM (week 2), no hip flexion > 45°, knee extension not to exceed 90° flexion	Knee Bledsoe at 90° flexion at all times	No active hamstring contraction or knee flexion, pelvic tilts, hip abd / add/ER isometrics, quad sets, ankle pumps
6-9 weeks	WBAT. Wean off crutches (2→1→0) as gait normalizes	Continue previous tx, progress to full PROM, begin active knee flexion against gravity	None	No hamstring stretching or strengthening, begin active knee flexion against gravity, SLR, quadruped rocking, stool stretches for hip flexion and adduction, clam shells
3-4 months	WBAT	Continue previous tx, full active and passive ROM, begin hamstring stretching	None	Begin hamstring strengthening: Standing hamstring curls – increase resistance 1 lb each as tolerated with emphasis on high reps / freq, transition to machine curls when full pain-free 8-10 lb high reps tolerated well, total leg strengthening.
5-9 months	WBAT	Continue week 12 exercises, Full ROM	None	Advanced proprioception, closed chain hamstring exercises, low level plyometrics, progress light jogging, return to sports at 6-9 months
Criteria for Return to Sport	WBAT	Full ROM	None	No pain with ADLs, hip and knee functional ROM, community mobility without pain, hamstring eccentric and concentric strength within 75% of uninvolved

Physical therapy to evaluate and treat for post-op proximal hamstring repair.

Frequency & Duration: Evaluate post-op day 1, 2x/week for 1st month, 2x/week for 2nd month, 2-3x/week for 3rd month, 1-2x/week for 4th month

**Please send progress notes.

Physician's Signature: _____ **M.D.**