

Acute Proximal Hamstring Repair Protocol

Phase	Goals	Precautions/Restrictions	Treatment
Weeks 0-3	 Decrease pain and inflammation Minimize muscle atrophy Protect healing repair 	 Gait: Non weight bearing Brace locked in 90° knee flexion, 24/7, except for hygiene No hamstring stretching or tension on graft, comfortable range only No position of maximum tension: hip flexion + knee extension 	 PRICE principles Isometrics: quadriceps, hip abduction, hip adduction, abdominals Passive range of motion: Hip Knee (full flexion to 90 deg) Active range of motion: hip abduction, hip flexion, hip adduction, ankle Upper extremity exercise as long as no stress to repair
Weeks 3-6	 Protect healing repair Normalize gait mechanics Return to normal movements of daily living 	 Gait: Progressive weight bearing as tolerated Discontinue brace No hamstring stretching No isolated hamstring strengthening 	 Progress to independent ambulation with normal gait mechanics Begin unresisted active knee flexion Begin straight leg raise (comfortable range) Begin hamstring isometrics Initiate closed kinetic chain exercises with squatting pattern Initiate single leg proprioception Initiate stationary bike (as ROM allows, may need high seat), aquatics as indicated
Weeks 6-12	 Symmetric ROM Progress muscle strength, endurance, power Return to vocational activities 	No hamstring stretching	 Progress lower extremity and core strengthening Initiate bridging progression Initiate isolated hamstring strengthening* Initiate elliptical at 8 weeks
Weeks 12+	 Return to jog >90% hamstring and hip extension strength symmetry; prefer concentric and eccentric isokinetic testing Single leg hop testing >90% limb symmetry (if returning to level I sport) Progressive return to sport 	 Anticipated return to sport between 16-24 weeks 	 Initiate hamstring stretching, if needed Initiate walk/jog progression Progress plyometrics and agility as appropriate Isokinetic hamstring strength testing

^{*}Hamstring strengthening should progress from shortened to lengthened positions; from positions that do not compress the tendon (hip extension) to those that do (hip flexion and/or seated); from slow and controlled movements to faster movements to energy storage (landing from a jump) to energy storage with release (drop vertical jump).

This protocol is not meant to be prescriptive but a recommendation to guide the rehabilitation process. Each patient's progress may vary based on specifics of their injury and procedure.