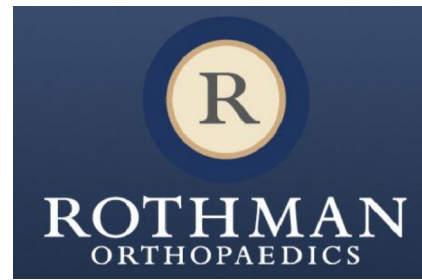


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Proximal Hamstring Repair Physical Therapy Protocol

Name _____ Date _____

Diagnosis s/p RIGHT/LEFT Proximal Hamstring Tendon Repair

Date of Surgery _____

Frequency: 1 2 3 4 times/week Duration: 1 2 3 4 5 6 Weeks

Weeks 1-6:

- ___ NWB in Custom Brace at all times
- ___ Hip @ 0° Extension (NO FLEXION @ HIP)
- ___ Knee @ 45° Flexion (NO EXTENSION @ KNEE)
- ___ Gait Training – Walker, Knee Scooter
- ___ ADL's
- ___ Upper Extremity Strengthening

Weeks 6-12:

- ___ Progress Weight Bearing
- ___ Initially begin Knee extension by 10°/ week (with Hip in extension)
- ___ Gradual progression of Hip flexion @ 6 weeks
- ___ Progress Hip flexion with Knee in flexion
- ___ Progress off crutches as strength and leg control improve
- ___ Progressive strengthening to start @ 6 weeks
 - Hamstrings / Hip Adductors / Hip Abductors / Hip Flexors
- ___ GOAL: Avoid stress at repair site (Tensile Loads) until 6 weeks post-op
- Full Knee extension with Hip in extension at 6 weeks, then begin
- Hip flexion - Gradual Hamstring Flexibility after 6-8 weeks post-op

___ Functional Capacity Evaluation ___ Work Hardening/Work Conditioning ___ Teach HEP

Modalities

- ___ Electric Stimulation ___ Ultrasound ___ Iontophoresis ___ Phonophoresis ___ TENS ___ Heat before
- ___ Ice after ___ Trigger points massage ___ Therapist's discretion

Signature _____ Date _____