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Arthroscopic reconstruction of Shoulder, Hip and Knee
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ARTHROSCOPIC HAMSTRING REPAIR

Phase I : 0-6 weeks

Requirements to progress to Phase II:

1. Follow-up with Dr. Wong at 2 weeks
2. Appropriate healing from surgery
3. ROM guidelines met but not exceeded
4. Pain control within allowed ROM

Restrictions/Precautions for Phase II:

- X Remain in brace (include sleeping); remove only for showering and ROM exercises
- X No driving for 6 weeks, at minimum
- X No active motion(AROM) of hip extension/knee flexion (No active hamstrings)
- X Do not over stress hamstring with stretching within first 6 weeks
- X No joint mobilizations (arthrokinematics)/manipulations/traction to GHJ
- X Avoid Active Release Techniques
- X No lifting/pushing/pulling objects with legs
- X No leg use beyond ROM guidelines/restrictions
- X PROM up to 90° hip flexion as long as knee is $\geq 90^\circ$ flexed

Short Term Goals of Phase II:

- ✓ Education: posture, joint protection, positioning, hygiene, restrictions,
- ✓ Crutches and knee/hip brace to protect surgical procedure (Non- weightbearing during gait)
- ✓ Minimize pain and inflammatory response
- ✓ Maintain/restore ROM of uninvolved joints
- ✓ Achieve recommended ROM through gentle and painfree ROM activities
- ✓ Prevent post-operative stiffness
- ✓ Normalize lumbopelvic position and mobility

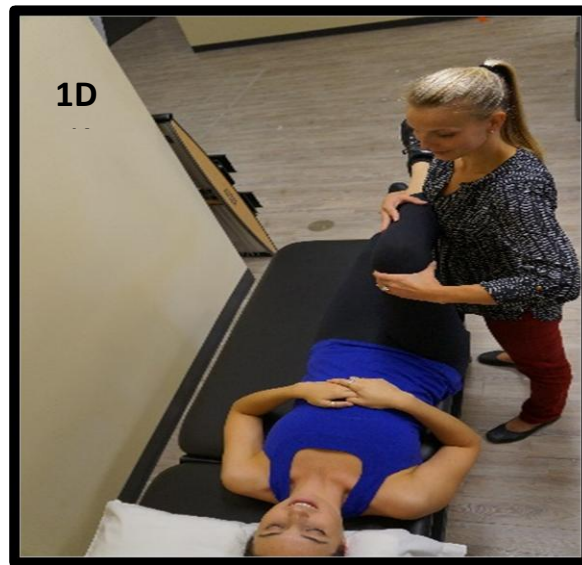
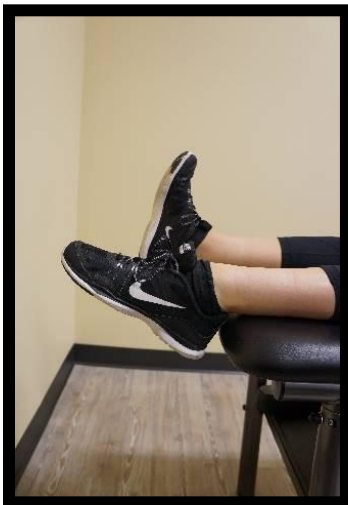
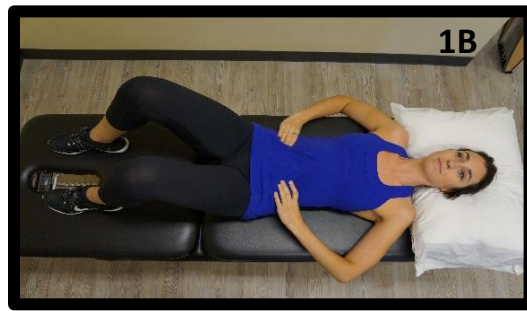
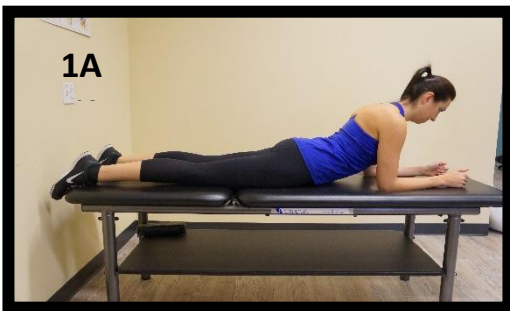
Special considerations:

DR I. WONG HAMSTRING REPAIR REHAB PROTOCOL

0-6 weeks

ACTIVE EXERCISE PROGRAM (DAILY)

- Prone Lying 20 minutes twice/day **(A)**
- Transverse Abdominus with pelvic tilt **(B)**
- Ankle pumping (Several times daily) **(C)**
- CIRUMDUCTION/PENDULUM ROTATION **(D)**
 - @ 70° hip flexion (knee ≥ 90° flexed)
- Gentle sciatic nerve flossing (ensure not in hamstring stretch position)
 - *sit with bent knee, ankle dorsiflexion with C/S neutral ---> ankle plantarflexion with C/S flexion



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Phase III (Neuromuscular Retraining): 6-12 weeks

Requirements to progress to Phase III:

1. Follow-up with Rehab team and Dr. Wong at 6 weeks
2. Compliant with recommendations/restrictions to ensure appropriate healing from surgery
3. ROM guidelines met but not exceeded
4. Pain control within allowed ROM

Restrictions/Precautions for Phase III:

- X Brace removed at 6 weeks
- X Continue to avoid any pain or apprehension with stretching. Mobilize shoulder gently being respectful of end range resistance and surgical site.
- X Avoid exercises that promote hyper-extension, anterior translation and shoulder impingement
- X No mobilizations (arthrokinematics)/manipulations/traction to GHJ
- X No lifting/pushing/pulling objects with operative shoulder

Short Term Goals of Phase III:

- ✓ Education: restrictions
- ✓ Eliminate pain and inflammation
- ✓ Restore full active shoulder mobility with correct movement patterns/motor recruitment
- ✓ Improve scapular awareness and stability
- ✓ Improve neuromuscular control and endurance of rotator cuff musculature
- ✓ Increase endurance of cervical spine stabilizing musculature (if applicable)

Special considerations:

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Phase IV (Strength and Function): 12⁺ weeks

Requirements to progress to Phase IV:

1. Follow-up with rehab team and Dr. Wong at 12 weeks
2. Compliant with recommendations/restrictions to ensure appropriate healing from surgery
3. Full active shoulder mobility within correct movement patterns
4. Improved neuromuscular control and stabilization of scapula
5. Improved neuromuscular control and recruitment of rotator cuff musculature

Restrictions/Precautions for Phase IV:

- X No manipulations to GHJ
- X Light-to-moderate lifting/pushing/pulling objects with operative shoulder
- X Plyometric retraining must be cleared by Dr. Wong

Short Term Goals of Phase IV:

- ✓ Increase strength and endurance of rotator cuff musculature (OKC & CKC), particularly overhead
- ✓ Improve functional strength of shoulder girdle
- ✓ Introduce return to work retraining
- ✓ Introduce sport-specific retraining (approx. 16⁺ weeks post-op)

Special considerations:

