

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 hip
- 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

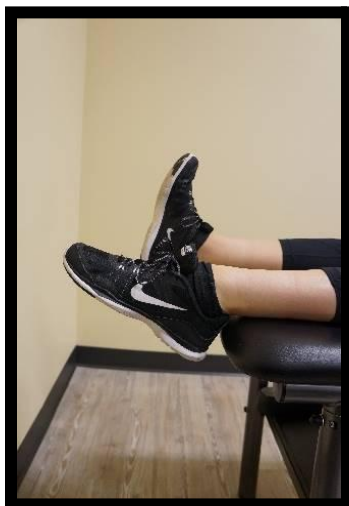
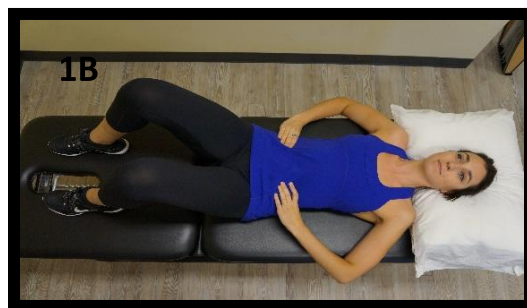
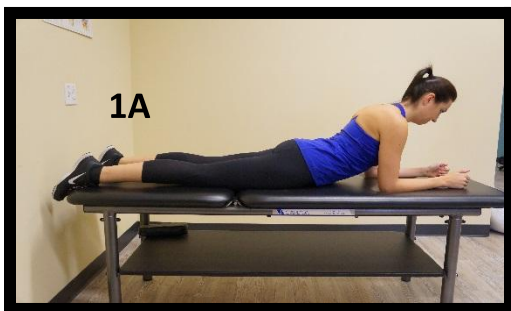
Special considerations:

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)**
- CIRCUMDUCTION/PENDULUM ROTATION **(D)**
 - @ 70° hip flexion (knee $\geq$ 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 hip/knee gently being respectful of end range resistance and surgical site.
- X Avoid exercises that promote impingement or excessive ROM
- X No mobilizations (arthrokinematics)/manipulations/traction to the hip joint
- X No lifting/pushing/pulling objects with operative hip/knee

Short Term Goals of Phase III:

- ✓ Education: restrictions
- ✓ Eliminate pain and inflammation
- ✓ Restore full active hip/knee mobility with correct movement patterns/motor recruitment
- ✓ Improve postural awareness and stability
- ✓ Improve neuromuscular control and endurance of hip/knee musculature
- ✓ Increase endurance of 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 hip/knee mobility within correct movement patterns
4. Improved neuromuscular control and stabilization of pelvis/hip/knee
5. Improved neuromuscular control and recruitment of hip and knee musculature

Restrictions/Precautions for Phase IV:

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

Short Term Goals of Phase IV:

- ✓ Increase strength and endurance of hip and knee musculature (OKC & CKC)
- ✓ Improve functional strength of hip and knee
- ✓ Introduce return to work retraining
- ✓ Introduce sport-specific retraining (approx. 16⁺ weeks post-op)

Special considerations:

