The timeframes for each phase may be extended if the repair is delayed or the injury included other associated injuries (such as a hip adductor tear).

REHABILITATION GUIDELINES HAMSTRING REPAIR

PHASE 1: 0-6 WEEKS DOS:

Appointments	Begin 7-10 days po and continue once every 7-10 days
Rehabilitation Goals	Protection of the repaired tendon(s); pain control
Weight Bearing	Use axillary crutches up to 6 weeks;
	PO weeks 0-2: TDWB'ing
	PO weeks3-4: 15-40% WB'ing progression
	PO weeks 5-6: WBAT, wean from crutches
Braces	Determined by the surgeon based on time of year, timing of surgery and
	associated injuries; clarify w/ surgeon
Precautions	Avoid hip flexion coupled with knee ext; avoid unsafe surfaces and
	environments
Suggested	Quad sets, ankle pumps, abdominal isometrics, passive knee ROM without
Therapeutic Exercises	hip flexion during knee extension
	PO week 3-4: begin pool walking drills when incision fully healed
	(excluding hip flex coupled w/ knee ext)
	Scar mobilizations
Cardiovascular	Upper body circuit training or upper body ergometer (UBE)
Exercise	
Progression Criteria	6 weeks post-operative

PHASE 2: BEGIN AFTER MEETING PHASE 1 CRITERIA DATE:

Appointments	Rehabilitation appointments are once every 1-2 weeks
Rehabilitation Goals	Normalize gait; good control and no pain with functional movements, including
	step up/down, squat, partial lunge (do not exceed 60 degrees of knee flexion)
Precautions	Avoid dynamic stretching – Avoid loading the hip at deep flexion angles – No
	impact or running
Suggested Therapeutic	Non-impact balance and proprioceptive drills – beginning with double leg and
Exercise	gradually progressing to single leg; Stationary bike; gait training; Begin
	hamstring strengthening – start by avoidance of lengthening hamstring

	position (hip flexion combined with knee extension) by working hip extension and knee flexion moments separately; begin with isometric and concentric strengthening with hamstring sets, heel slides, double leg bridge, standing leg
	extensions, and physioball curls; Hip and core strengthening
Cardiovascular Exercise	Upper body circuit training or UBE
Progression Criteria	Normal gait on all surfaces; ability to carry out functional movements without unloading the affected leg or pain while demonstrating good control; Single leg balance greater than 15 seconds; normal (5/5) hamstring strength in prone with the knee in a position of at least 90 degrees knee flexion.

PHASE 3: BEGIN AFTER MEETING PHASE 2 CRITERIA (USUALLY 3 MONTHS AFTER SURGERY) DATE:

Appointments	Rehabilitation appointments are once every 1-2 weeks
Rehabilitation Goals	Good control and no pain with sport and work specific movements, including
	impact
Precautions	No pain during strength training – Post activity soreness should resolve within
	24 hours
Suggested Therapeutic	Continue hamstring strengthening – progress toward strengthening in
Exercise	lengthened hamstring positions; begin to incorporate eccentric strengthening
	with single leg forward leans, single leg bridge lowering, prone foot catches,
	and assisted Nordic curls; Hip and core strengthening; Impact control exercises
	beginning 2 feet to 2 feet, progressing to 1 foot to the other and then 1 foot
	to same foot; Movement control exercise beginning with low velocity, single
	plane activities and progressing to higher velocity, multi-plane activities; Initiate
	running drills, but no sprinting until Phase IV
Cardiovascular Exercise	Biking, elliptical machine, Stairmaster, swimming, and deep water running
Progression Criteria	Dynamic neuromuscular control with multi-plane activities at low to medium
	velocity without pain or swelling

PHASE 4: BEGIN AFTER MEETING PHASE 3 CRITERIA (USUALLY 4-5 MONTHS AFTER SURGERY) DATE:

Appointments	Rehabilitation appointments are once every 1-2 weeks
Rehabilitation Goals	Good control and no pain with sport and work specific movements, including
	impact

Hamstring Repair Protocol



Ryan Aukerman, MD

Precautions	No pain during the strength training – post activity soreness should resolve
	within 24 hours
Suggested Therapeutic	Continue hamstring strengthening – progress toward higher velocity
Exercise	strengthening and reaction in lengthened positions, including eccentric
	strengthening with single leg forward leans with medicine ball, single leg dead
	lifts with dumbbells, single leg bridge curls on physioball, resisted running foot
	catches, and Nordic curls; Running and sprinting mechanics and drills; hip and
	core strengthening; impact control exercises beginning 2 feet to 2 feet,
	progressing from 1 foot to other 1 foot and then 1 foot to same foot;
	movement control exercise beginning with low velocity, single plane activities
	and progressing to higher velocity, multi-plane activities; Sport/work specific
	balance and proprioceptive drills; stretching for patient specific muscle
	imbalances
Cardiovascular Exercise	Replicate sport or work specific energy demands
Return Sport/Work	Dynamic neuromuscular control with multi-plane activities at high velocity
Criteria	without pain or swelling; less than 10% deficit on functional testing profile