

Physical Therapy Prescription

HAMSTRING REPAIR REHABILITATION PROTOCOL				
TIME PERIOD	WEIGHT BEARING	RANGE OF MOTION	BRACE	EXERCISES
0-6 weeks	Toe Touch Weight Bearing	Avoid hip flexion past 90 degrees. Encourage a bent knee position to minimize hamstring stretch. Sitting OK. Circumduction exercises.	None	OK to do pool therapy once incisions fully healed. Isometric core, quad, adductor, abductor. Clamshell exercises. Exercises should be adjusted to patient comfort. Avoid hamstring exercises.
6-12 weeks	Increase to Partial Weight Bearing, advance to Weight Bearing as Tolerated by 8-10 weeks.	Full Range of Motion	None	May begin strengthening: core, gluteal, quad, adductor, abductor. Hamstring strengthening to begin at low resistance. Low impact: swimming, increase biking resistance.
>12 weeks	Weight Bearing as Tolerated	Full Range of Motion.	None	Balance and further strengthening activities. Gradually increase to return to full activities by 4-6 months.

*****Begin Physical Therapy 4 weeks post-op**

<p>Dane Todd, MD Questions please call: # 402-488-3322 Fax: 402-488-3336</p> <p>Patient Name: _____</p> <p>Surgery Date: _____</p> <p>Surgery Performed (Circled):</p> <p style="padding-left: 40px;">Hamstring Repair Sciatic Neurolysis</p> <p style="padding-left: 40px;">Side (Circled): Right Left</p> <p>Physical therapy to evaluate and treat using the above protocol. 1-2x per week for 8 weeks.</p> <p>Notes: _____</p> <p>MD signature: _____</p>
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