



P: (843) 353-3460 | F: (843) 353-3461

Proximal Hamstring Repair Postoperative Instructions

Diet

- Begin with clear liquids and light foods (Jell-O, soups, etc.)
- Progress to your normal diet if you are not nauseated.

Wound Care

- Maintain your operative dressing, loosen bandage if swelling of the foot or ankle occurs.
- It is normal for the knee to bleed and swell following surgery – if blood soaks onto the bandage, do not become alarmed – reinforce with additional dressing.
- Remove surgical dressing on the 2nd post-operative day – if minimal drainage is present, apply waterproof band-aids over incisions and change daily.
- To avoid infection, keep surgical incisions clean and dry – you may shower by placing waterproof Band-Aids over incision areas. Please remember to change Band-Aids daily.
- NO immersion of operative leg (i.e. bath) *Brace may come off to shower.

Medications

- **Do not drive a car or operate machinery while taking the narcotic medication**
- Pain medication is injected into the wound and knee joint during surgery – this will wear off within 8-12 hours.
- Most patients will require some narcotic pain medication for a short period of time.
- Primary Medication = (Oxycodone)
 - Take 1 – 2 tablets every 4 – 6 hours as needed
 - Max of 12 pills per day
 - Plan on using it for 2 to 5 days, depending on level of pain
 - Ondansetron (Zofran) take as needed for nausea
 - Docusate sodium (Colace) as needed for constipation
 - Meloxicam two times a day for 2 weeks
 - Tylenol 1000mg three times a day for two weeks
 - Aspirin 81 mg daily for two weeks.
- Common side effects of the pain medication are nausea, drowsiness, and constipation – to decrease the side effects, take medication with food.
- If you are having problems with nausea and vomiting, contact the office to possibly have your medication change, email/call Dr. Gehrman.

Activity

- USE CRUTCHES to maintain TOE TOUCH WEIGHT BEARING with the brace locked at 45 degrees.
- Avoid hip flexion coupled with knee extension.
- Elevate the operative leg to chest level whenever possible to decrease swelling.
- Do not engage in activities which increase knee pain/swelling (prolonged periods of standing) over the first 7-10 days following surgery.
- Avoid long periods of sitting (without leg elevated) or long distance traveling for 2 weeks.
- May return to sedentary work ONLY or school 3-4 days after surgery, if pain is tolerable.

Brace

- Your brace should be worn locked at 45 degrees at all times (day and night) until otherwise informed by the physician after the first post-operative visit.
- Remove brace for shower, be cautious about knee extension with hip flexion.

Ice Therapy

- Begin immediately after surgery
- Use icing machine continuously or ice packs (if machine not prescribed) every 2 hours for 20 minutes daily until your first postoperative visit – remember to keep leg supported while icing
- DonJoy Ice Machine “Game ready”/Vasothermic device may be used.
- Use unit as frequently as tolerated x 14 days
- Unit is programmed hour on/hour off continuous of compression and ice alternating
- If issues with Ice Machine, please contact Dr. Gehrman’s office.

Exercise

- Begin exercises 24 hours after surgery (quad sets, and ankle pumps, abdominal isometrics) unless otherwise instructed.
- Passive knee ROM can be done with no hip flexion
- Discomfort and stiffness are normal for a few days following surgery
- Complete exercises 3-4 times daily until your first postoperative visit
- Do ankle pumps continuously throughout the day to reduce the possibility of a blood clot in your calf (extremely uncommon).
- Formal physical therapy (PT) will begin 7-10 days after surgery. Please contact your PT location of choice after surgery to schedule appointments

Emergencies

- Contact Dr. Gehrman or his clinical assistant at (843) 353-3460 if any of the following are present:
 - Painful swelling or numbness
 - Unrelenting pain
 - Fever (over 101°F - it is normal to have a low grade fever for the first day or two following surgery) or chills
 - Redness around incisions
 - Color change in wrist or hand
 - Continuous drainage or bleeding from incision (a small amount of drainage is expected)
 - Difficulty breathing
 - Excessive nausea/vomiting
- **If you have an emergency after office hours or on the weekend, contact the same office number 843-353-3460 and you will be connected to our page service – they will contact Dr. Gehrman or one of his colleagues if he is unavailable. Do NOT call the hospital or surgical center.
- **If you have an emergency that requires immediate attention, proceed to the nearest emergency room.

Follow Up Care + Questions

- A member of Dr. Gehrman's team will call you 24 to 48 hours after surgery to address any questions or concerns. If you have not been contacted within 48 hours of surgery, please call the office at 843-353-3460.
- Typically the first post-operative appointment following surgery is 10-14 days following surgery.
- If you do not already have a postoperative appointment scheduled, please contact the office during normal office hours (843-353-3460) and ask for appointment scheduling.
- The first post-operative appointment will be with myself or one of the Physician Assistants. They will assess the wound, go over post-operative protocol, and answer any questions you may have regarding the procedure.

Post-Operative Rehabilitation Guidelines for Proximal Hamstring Repair

Name: _____ Date: _____

Diagnosis: _____

Date of Surgery _____

Frequency: 1 2 3 4 times/week

Duration: 1 2 3 4 5 6 Weeks

PHASE I (1-6 weeks postop)

Appointments:

- 7 days postop-6 weeks postop: 1x/week

Rehabilitation Goals

- Protection of the repaired tendon(s) Pain control
- Weight Bearing o Use axillary crutches for up to 6 weeks
- Post-operative weeks 0-2: Touch down weight bearing
- Post-operative weeks 3-6: 15% - 40% weight bearing progression
- Brace: hinged knee brace locked at 45 degrees at all times until week 6

Precautions

- Avoid hip flexion coupled with knee extension
- Avoid unsafe surfaces and environments

Suggested Therapeutic Exercise

- Quad sets
- Ankle pumps
- Abdominal isometrics
- Passive knee range of motion (ROM) with no hip flexion during knee extension
- Post-operative weeks 3-4: Begin pool walking drills (without hip flexion coupled with knee extension), hip abduction, hip extension, and balance exercises
- Scar mobilizations
- Cardiovascular Exercise: Upper body circuit training or upper body ergometer (UBE)
- Progression Criteria: 6 weeks post-operative

PHASE II (begin after meeting Phase I criteria, usually 6 weeks after surgery)

- Appointments: 2x/week for 6-12 weeks

Rehabilitation Goals

- Post-operative weeks 6-7: Unlock hinged knee brace, weight bearing as tolerated with weaning from crutches
- Normalize gait

- Good control and no pain with functional movements, including step up/down, squat, partial lunge (do not exceed 60° of knee flexion)

Precautions

- Avoid dynamic stretching
- Avoid loading the hip at deep flexion angles
- No impact or running

Suggested Therapeutic Exercise

- Non-impact balance and proprioceptive drills – beginning with double leg and gradually progressing to single leg
- Stationary bike
- Gait training
- Begin hamstring strengthening – start by avoidance of lengthened 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 physio ball 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° knee flexion

PHASE III (begin after meeting phase II criteria, usually three months after surgery)

- Appointments 2x/week for 12-16 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 Exercise

- Continue hamstring strengthening – progress toward strengthening in 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 from 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
 - Less than 25% deficit for side to side hamstring comparison on Biodex testing at 60° and 240° per second

PHASE IV (begin after meeting phase III criteria, usually 4-5 months after surgery)

- Appointments: 1-2x/week for 16+ weeks

Rehabilitation Goals


- Good control and no pain with sport and work specific movements, including impact

Precautions

- No pain during the strength training
- Post-activity soreness should resolve within 24 hours

Suggested Therapeutic Exercise

- Continue hamstring strengthening – progress toward higher velocity 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 physio ball, 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 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 to Sport/Work Criteria
 - Dynamic neuromuscular control with multi-plane activities at high velocity without pain or swelling
 - Less than 10% deficit for side to side hamstring comparison on Biodex testing at 60° and 240° per second
 - Less than 10% deficit on functional testing