



ORTHOPEDIC  
ASSOCIATES  
of HARTFORD

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Arthroscopic and Reconstructive Surgery of the Shoulder and Knee Sports Medicine

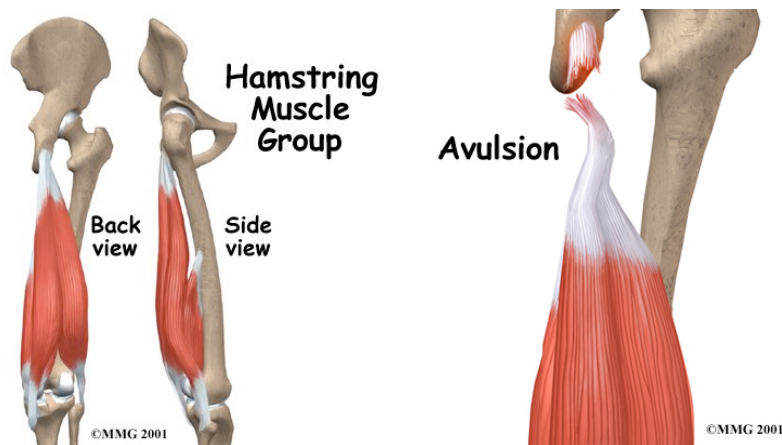
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## Hamstring Tendon Repair

1. **GENERAL:** You will feel a little off for a day or two after the anesthetic. During that time you should not drink alcoholic beverages, make any important decisions or engage in any potentially hazardous activities. It is very common to be slightly nauseated and you should start with a light, low fat diet until your appetite comes back.
2. **ACTIVITIES:**
  - a. **WEIGHT BEARING:** You are not to put any of your body weight on your foot. It is ok to rest the foot on the ground but do not shift any of your body weight onto it.
  - b. **DRIVING:** You may drive a vehicle after 48 hours as long as you are able to safely operate the vehicle. If your injured leg is on the left and you have a car with an automatic transmission, you should be mechanically able to perform the functions associated with normal driving. If your right leg is the injured one, you are not able to use your right leg to push on the brake or accelerator and are thus not mechanically able to perform the functions associated with normal driving. ***You cannot drive if you are taking narcotic pain medication!!!***
  - c. **WORK:** You may return to work as soon as you feel able and performing your regular job is possible given your activity restrictions.
3. **Dressing:** It is not unusual for some blood to show through on the dressing. Some bloody drainage is expected, and may last up to 24 hours. If your dressing becomes soaked, you may reinforce it with gauze pads available at any pharmacy. Leave it in place and keep it dry until seen in the office.
4. **MEDICATIONS:** A prescription will be provided to help relieve pain. Please use this medication as directed. This medication is strong, and should not be taken with alcohol or other pain medications, and may cause drowsiness. Exercise good judgment in its use. You may also try over the counter pain medications such as Aleve (Naprosyn) or Advil (Ibuprofen). Take as directed unless there are contraindications. **Take 1 Aspirin (325 mg) daily in addition to the pain medication (DVT prophylaxis).**
5. **SHOWER:** You may shower after 48 hours. You must keep the dressing **DRY!** Try taping a plastic around the area while showering.
6. **STITCHES:** There are stitches in the skin. After 7-10 days we will remove the sutures in the office.
7. **COMFORT:** Pain and swelling after surgery is to be expected. While swelling is a normal response to the surgery, it can contribute to your pain. Using ice regularly and elevation (foot and ankle above the level of the heart) is the best way to decrease your pain and swelling. **Avoiding swelling is very important;** there is nothing between your repaired tendon and the outside world except a thin layer of skin. If the area becomes extremely swollen and the skin edges pull apart the tendon will be exposed and may get infected. It is critical that you spend the first week after surgery with your foot elevated above your heart as much as possible. This should subside after 2-4 days. If the following develop and persist after 24 hours, please call the office:
  - a. Fever over 101 degrees.
  - b. Swelling below the knee, in the calf, ankle or foot which does not respond to loosening of the ace wrap/bias wrap.
  - c. Increasing pain in the thigh or calf.
  - d. Discharge or drainage through the dressing which continues greater than 24 hours.
8. **EXERCISES:**
  - a. The need for physical therapy will be discussed at your follow-up visit
  - b. See instructions for rehabilitation below.
9. **FOLLOW-UP:** Please call the office the day after your operation and make an appointment for 7-10 days after your procedure. You will be checked, your dressing will be removed, x-rays will be taken if necessary, your procedure discussed and your rehabilitation will be planned.



## Surgical Repair of Proximal Hamstring Avulsions

### Rehabilitation Program

Formal rehabilitation commences approximately 3 weeks post-op. The protocol is divided into five major phases:

- Phase I (1 - 4 weeks post sx)
- Phase II (4 - 8 weeks post sx)
- Phase III (8 - 12 weeks post sx)
- Phase IV (12 - 16 weeks post s)
- Phase V (16 - 24 weeks post s)

### Phase I (Weeks 1-4)

This phase is primarily intended to protect the surgical repair while simultaneously gradually regaining range of motion and initiating lower extremity strengthening. The patient is non-weight bearing for 2 weeks and then progressed to partial weight bearing as tolerated. Knee range of motion is restricted with a hinged brace to 30 degrees with weekly increases by 10 degrees until full extension is attained.

Walking in a Pool in neck deep water commences once the incision site is healed (about 3 weeks post op). Active hip flexion, abduction and adduction within comfortable range of motion, and passive quad and calf stretching and stretching are also included.

### Phase II (Weeks 4-8)

At this stage, weight bearing is progressed to full as tolerated with crutches used until normal gait is achieved. Pool work is continued as tolerated and a stationary bike is added with the seat adjusted up high and no resistance. Gentle passive stretching of knee extension and hip flexion is commenced. Progressive resistive strengthening of the quad, with straight leg raises, short arc quads, sitting knee extension, short squats, and leg press are included, utilizing theraband, ankle weights, and isokinetics as appropriate. Hamstring work consists of prone and standing knee curls with gravity resistance only. Hip strengthening includes hip extension, flexion, abduction, and adduction with ankle weight as tolerated. Emphasis is on closed chain activities

### Phase III (Weeks 8-12)

Swimming in the pool is started at this stage, and jogging in the pool gradually working into waist deep water is also included. Duration on the stationary bike is increased, as well as resistance. Isokinetic strengthening is progressed with emphasis remaining on higher repetitions and faster speeds. On-land walking, treadmill work, and stair-stepper with appropriate progression as tolerated is also started.

#### **Phase IV (Weeks 12-16)**

Jogging on land began at this stage, as well as progression of speed up to running in the pool. Light agilities on land including shuffles, carioca, and back-pedaling began, as well as continued progression with PRE's as tolerated.

#### **Phase V (Weeks 16-24)**

On-field agilities included cutting, pivoting, shuttle runs began, as well as backward running to emphasize hamstring control and strength. Isokinetic exercises gradually are phased towards slower speeds and progression to sport-specific functional activities as tolerated and appropriate.

#### **References:**

1. Clanton TO, Coupe KJ. Hamstring strains in athletes: diagnosis and treatment. *J Am Acad Orthop Surg*. 1998 Jul-Aug;6 (4):237-48.
2. Best TM, Garrett Jr WE. Hamstring Strains: Expediting Return to Play. *The Physician and Sports Medicine*. 1996 Aug (Vol 24-No.8).
3. Klingele KE, Sallay PI. Surgical Repair of Complete Proximal Hamstring Tendon Rupture. *Am J Sports Med*. 2002 Sept 1.