UCSF Fresno

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Hip Endoscopic Hamstring Repair Post-Operative Instructions

1. The first physical therapy visit should be scheduled 3 to 5 days after surgery. If you surgery was Friday, Monday is appropriate for your first appointment. Please schedule physical therapy prior to surgery to insure that you will be seen within the timeline.

2. If oozing from surgery site occurs, and the dressing appears soaked with bloody fluid, please change the dressing as needed. This normally occurs after fluid irrigation during surgery, and will resolve within 24-36 hours.

3. Icing is very important for the first 5-7 days postoperative, and ice is applied (ice packs or ice therapy) as often as possible or at least for 20-minute periods 3-4 times per day. Ice should not be applied directly on the skin.

4. You may remove the dressing on post-op day #2.

5. Apply Band-Aids to wound sites and change them once a day. Keep the wound clean and dry.

6. Please do not use bacitracin or other ointments under the bandage.

7. Showering is allowed on post-op day #4 if the wound is dry. MAKE SURE EACH INCISION IS COVERED WITH A WATERPROOF BANDAID DURING SHOWER ONLY!

8. Do not soak the hip in water in a bathtub or pool until the sutures are removed. Typically getting into a bath or pool is permitted 2 days after suture removal unless otherwise instructed by Dr. Mather.

9. Driving is permitted on post-op day #5, if the narcotic pain medication is no longer being taken and you feel comfortable getting into and out of a car. Driving a manual car may take up to 3-4 weeks.

10. Please call the orthopaedic appointment hub to schedule a follow-up appointment for suture removal 14 to 18 days after surgery.

11. The anesthetic drugs used during your surgery may cause nausea for the first 24 hours. If nausea is encountered, drink only clear liquids (i.e. Sprite or 7-up). The only solids should be dry crackers or toast. If nausea and vomiting become severe or the patient shows sign of dehydration (lack of urination) please call the office

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12. If you develop a fever (101.5), redness, or yellow/brown/green drainage from the surgical incision site, please call our office to arrange for an evaluation.

13. **Below are the prescriptions that may be given to you after your surgery.**
ULCER PROPHYLAXIS FOR 10 DAYS: Prilosec (Stomach Prophylaxis) 20mg, 1 tablet by mouth daily (take

on an empty stomach 1 hour before breakfast for 10 days only)
ANTI-INFLAMMATORY: EC-Naprosyn 500mg, 1 tablet by mouth two times per day or Celebrex 200mg, 1 tablet by mouth daily - as needed.
PAIN MEDICATION: Oxycodone 1 to 3 tablets by mouth every 3-4 hours as needed. You make take Tylenol in addition to the oxycodone, 650mg by mouth every 4-6 hours as needed.
BLOOD CLOT PROPHYLAXIS: Aspirin 325mg by mouth daily for 2 weeks
ANTI-NAUSEA: Zofran 4mg, 1 by mouth every 6 hours as needed. You will be given a prescription, but it is optional to fill it.
ANTI-SPASM (if applicable): Zanaflex 4mg, 2 tablets by mouth every 6 hours as needed.

14. You will take aspirin (325 mg) daily until the sutures are removed in the office. This may lower the risk of a blood clot developing after surgery. Should severe calf pain occur or significant swelling of calf and ankle, please call the doctor.

15. Local anesthetics (i.e. Novocaine) are put into the incision after surgery. It is not uncommon for patients to encounter more pain on the first or second day after surgery. This is the time when swelling peaks. Taking pain medication before bedtime will assist in sleeping. It is important not to drink or drive while taking narcotic medication. You should resume your normal medications for other conditions the day after surgery.

16. You should use crutches or a walker and only put 20lbs of weight on the operative leg after you are out of the brace. If in the brace you can rest the leg on the ground with the weight of the leg on the ground. Do not hold the leg off the ground. Walk with a normal gait using the crutches or walker to take the weight off of the operative leg. Extremity elevation for the first 72 hours is also encouraged to minimize the swelling.

17. PRECAUTIONS: Do not allow the leg to be in the position of having the knee extended and hip flexed. Also do not allow the leg to swing through too far while walking. Both of these movements put stress on your repaired hamstring.

18. BRACE INSTRUCTIONS: Please wear the knee brace locked at *** degrees when up and moving or when sleeping. Otherwise you do not need the brace. When sitting please keep the knee flexed to 90 degrees. You will need the brace for *** weeks.

19. Please note that all narcotic pain medications (common examples would be Oxycodone, OxyContin, Norco, Vicodin, Tylenol with codeine) are controlled substance medications and regulated by the DEA; this means that a physical prescription must be delivered to the pharmacy in hand with **no exception**. We are not able to call these medications in to the pharmacy. Any refill requests must be called into the office between 8 am and 4pm, with a 72 hour notice before running out of medication. Narcotic medication will only be prescribed for a short period of time post operatively.

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20. If unexpected problems occur and you need to speak to the doctor, call the office.

Important Contact Information

Martha Evans (Staff Assistant and Surgery Scheduler): (559) 320-0531
Fax Number: (559)-320-0539

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Physical Therapy Rehabilitation Guidelines Following Proximal Hamstring Repair

Please give this packet to your physical therapist

*Therapy may not be needed for as long as the protocol is listed based on the patient's goals. Timeframes may also be extended or shortened based on the surgery completed *

PHASE I (surgery to 6 weeks after surgery)

Appointments

• Rehabilitation appointments begin 7-10 days after surgery and are once every 7-10 days

Rehabilitation Goals

• Protection of the repaired tendon(s)

• Pain control

Weight Bearing

• Use axillary crutches for up to 6 weeks

• Post-operative weeks 0-2: Touch down weight bearing

• Post-operative weeks 3-4: 15% - 40% weight bearing progression

• Post-operative weeks 5-6: Weight bearing as tolerated with weaning from crutches

Brace

• The use of a brace is determined by the surgeon at the time of surgery, which is based on time of year, timing of surgery and associated injuries.

Precautions

• Avoid hip flexion coupled with knee extension

• Avoid unsafe surfaces and environments

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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

• 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° of knee flexion)

Precautions

• Avoid dynamic stretching

• Avoid loading the hip at deep flexion angles

• No impact or running

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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 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° knee flexion

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

Appointments

• Rehabilitation appointments are once every 1-2 weeks

Rehabilitation Goals

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

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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

• 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 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 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 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

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• 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 profile.