



Proximal Hamstring Repair

Discharge Instructions

Comfort

- Discomfort increases 1-2 days after surgery due to the injected medication wearing off. This can be helped by oral pain medication. It is safe and normal.
- **Cold therapy** – This will greatly reduce pain and will help with swelling for the first three days.
 - You may use it 20 minutes on, 20 minutes off, as often as you wish.
 - Always keep a cloth barrier, such as a towel, between the cold and your skin.
- **Medication**
 - For **anticoagulation** – you **MUST** take one 81mg aspirin daily for two weeks first to help prevent blood clots. This is the only mandatory medication.
 - For **nausea** – Zofran (ondansetron) as needed.
 - For **constipation** – over the counter remedies such as Colace or Miralax as needed. Both the anesthesia and the pain medication can cause constipation.
 - For **pain** - A narcotic pain medication will be prescribed for you if it is deemed safe with your history and allergies. **Use only if needed.** Try to manage your pain with ice and Tylenol and use the narcotic sparingly. Some patients find they do not need the narcotic at all. Common side effects such as constipation, nausea and cognitive impairment may occur. Tylenol can be used as a step-down medication and is recommended as soon as possible.

Activity

- Toe touch weight bearing with brace locked at 45 degrees for 6 weeks post-op. PT will start at 6 weeks post-op.
- Please restrict activity for the next several days to prevent unnecessary swelling and soreness.
 - When resting, try to keep your knee elevated above the level of your heart.
 - When sitting, we suggest ankle pumps and circles to help lower extremity circulation.
- Please keep the brace on while sleeping.
- No driving until further notice. We will discuss this at your post-op visit.

Wound Care

- Your incisions are covered by several absorbent pads, gauze, a white cotton bandage, and an ACE wrap. Please leave this in place for at least one week post-op.
 - Do not get the bandages wet the first week after surgery—so this means using a bag over the limb for showering, holding it out of the shower, etc.
 - If the ACE wrap feels too tight, you can loosen it and rewrap it, but please leave the white dressing and other bandages in place until 1 week post-op.
 - The bandages were applied under sterile conditions in the OR, and we want to avoid bacteria near the incision.
- After 1 week, you can take off the bandages to check on the incision. Keep the surgical incisions clean, dry and covered. If you have any concerns about the incision (redness, draining, swelling, pain), you can call us and send a picture to info@genesisortho.com
- Even after you take off the bandages at 1 week post-op, you must continue to use the brace at all times.

Diet



- You may eat anything you like, but it's advisable to choose light, easily digestible foods and to drink plenty of water the day after surgery. Some people experience nausea as a temporary reaction to anesthesia.

Call your physician if:

- You notice drainage on the cotton bandage or ACE wrap.
- You develop a temperature over 100.3 degrees.
- You have persistent pain and / or swelling in your calf.
- The knee becomes hot to the touch, red, intolerably painful, or swells suddenly. (Note some warmth, pain, and swelling are normal.)
- You have any questions or concerns. We are happy to talk to you at any time! If it is after hours, our answering service will page the PA on call and he or she will get in touch with you.

Physical Therapy Protocol

PHASE I: Week 0-6

Protect repair

- Toe-touch with crutches and brace locked at 45 degrees
- Physical therapy will start after 6w post-op

PHASE I: Week 6-12

Protect repair and allow healing, normalize gait, begin muscle strengthening and functional movements

- Begin to d/c brace after 6 weeks, and then crutches by 8w
- Exercises
 - Progressive hip and knee flexion
 - Active stretching of all uninvolved muscle groups
 - Stationary bicycle
 - Hamstring curls (antigravity)
 - Hip extension (antigravity)
 - At 10 weeks may begin
 - Progress to ankle weight PRE—1 lb per week to 5 lbs
 - Bridging SLR
 - Wall slides
 - Clam shells
 - Partial squats

PHASE I: Week 12-16

Regular gait, regain and improve ROM, continue muscle strengthening

- Increase walking distance, limit going up and down stairs and inclined surfaces
- Exercises
 - Full ROM
 - Gentle hamstring stretches
 - Begin with cautious use of weight training
 - Single leg closed chain exercises

PHASE I: Week 16+



Progressive strengthening of quads, preserve ROM, return to all normal activities

- Likely discharge from PT after 16w, continue HEP
- Continue to progress weight with exercises but slowly and without overloading
- Can begin walk-to-jog progression
- At 20 weeks, can begin sprinting/speed drills
- At 24 weeks, can begin jumping and plyometrics