



HUGHSTON
CLINIC

ORTHOPAEDICS

OPEN HAMSTRING REPAIR

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Recovery after your surgery includes healing, controlling swelling and discomfort, return of range-of-motion of the hip joint, regaining strength in the muscles around the hip joint, and a gradual return to activities. The following instructions are intended as a guide to help you achieve these individual goals and recover as quickly as possible after your hamstring repair.

A. COMFORT:

1. **Swelling** - place crushed ice in a plastic bag over your surgical wound for no more than 20 minutes, 3-4 times a day. Place a thin towel between your skin and the ice bag to prevent ice burns.
2. **Medication** -
 - a. **Pain Medication** - Take 1-2 tablets every 4-6 hours **as needed** for pain. Avoid alcohol and driving if you are taking pain medication.
 - b. **Prevention of Blood Clots:** Take one adult aspirin (325 mg) daily for 3 weeks starting the day after surgery. You may be prescribed Lovenox injections instead, based on your medical history.
 - c. **Antibiotic Medication** - If an antibiotic has been prescribed, start taking the medication the day of your surgery. The first dose should be taken at bedtime. Continue taking the antibiotics until the medication is gone.
 - d. **Constipation** -You may take Colace over the counter as prescribed on the bottle for constipation; Colace is a stool softener, not a laxative. If constipation lasts for 3 days you should take an over-the-counter



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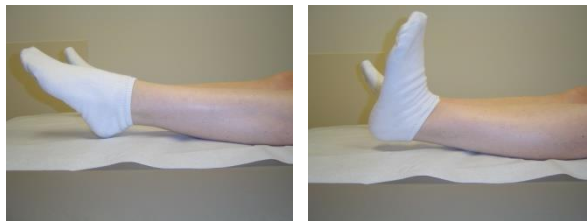
laxative (i.e. Milk of Magnesia, Biscodyl, or Miralax). If symptoms persist consult your PCP.

- 3. Brace** - A knee brace **locked at 40 degrees** will be used for approximately 4-6 weeks after surgery. Wear this at all times including during sleep. You may remove it briefly to wash and dress.
- 4. Driving** - Driving is **NOT** permitted for 4-6 weeks following surgery.

B. ACTIVITIES:

- 1. Range-of-Motion** - Move your knee through range of motion as possible to prevent stiffness. To do this, you may want to remove your brace, lie on your stomach and flex your knee back and forth. **It is important not to assume the “7” position (hips flexed, knees extended straight)**. Keep stress off the hamstrings. Motion of your hip will begin after your first post-operative visit.
- 2. Exercises** – These help prevent complications such as blood clotting in your legs. Point and flex your foot and wiggle your toes starting the day of your operation. Thigh muscle tightening exercises should begin the day after surgery and should be done for 10 to 15 repetitions, 3 times a day, for the first few weeks after surgery.

Calf Pumps: Point and flex your toes to tighten your calf muscles.

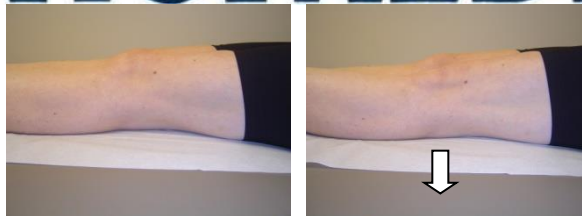


Quadriceps Isometrics (Quad Sets): Lie flat or sit with your surgical leg straight. Tighten the muscle in the front of your thigh as much as you can, pushing the back or your knee flat against the floor. Hold this tight for 5 seconds then relax.



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- 3. Weightbearing Status** - You are **NOT** permitted to put any weight on your operative leg. Walk using two crutches or a walker. You may touch your foot on the floor for balance. Do this within the limits of pain.
- 4. Physical Therapy** - PT should be started after your first post operative visit with Dr. Wright. You should call the physical therapist of your choice for an appointment after surgery. A prescription for physical therapy with a rehab protocol will be provided at your first post-op visit.
- 5. Athletic Activities** - Athletic activities such as swimming, bicycling, jogging, running and stop-and-go sports **cannot be resumed** until you are cleared by Dr. Wright.
- 6. Return to Work** - Return to work as soon as possible. Your ability to work depends on a number of factors including your level of discomfort and how much demand your job puts on your legs. If you have any questions, please call your doctor.

C. WOUND CARE:

1. Tub bathing, swimming, and soaking **should be avoided** until allowed by your doctor – usually a minimum of 3 weeks after your surgery.
2. Keep the dressing clean and dry after surgery. Remove the dressing 3 days after surgery. The steri-strips (small white tape that is directly on the incision areas) should be left on until the first office visit. You may apply band-aids to cover the incision.
3. You may shower 5 days after surgery with the band-aids on. Cover the band-aids with Saran wrap to keep the surgical wound as dry as possible. You must sit on a shower bench or sturdy chair in the shower for safety. **DO NOT** bear weight on your operative leg while the brace is off. Sit on the chair, remove the brace, shower, dry off and then put the brace back on before standing. Apply new band-aids to cover the surgical wound after showering.



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D. EATING:

1. Your first few meals after surgery should include light, easily digestible foods and plenty of liquids as some people experience nausea as a temporary reaction to anesthesia.

E. CALL YOUR PHYSICIAN IF:

1. Pain in your buttocks persists or worsens in the first few days after surgery.
2. Excessive redness or drainage of cloudy or bloody material from the incision (Clear red tinted fluid and some mild drainage should be expected). Drainage of any kind 5 days after surgery should be reported to the doctor.
3. You have a temperature elevation greater than 101°
4. You have pain, swelling or redness in your calf.
5. You have numbness or weakness in your leg or foot.

F. RETURN TO THE OFFICE:

1. Your first return to see Dr. Wright should be 7-10 days after your surgery. Call 407-965-4114 to make an appointment for this first post-operative visit.

Phase I (Weeks 2-4)

First post-op visit with Dr. Wright at one week

- Non weight bearing the entire 4 weeks (toe touch is permitted for balance)
- Hip brace is to be locked @ 30 degrees and crutches used for full 4 weeks
- Gentle semi-reclined position can be assumed with small towel roll under the knee to reduce hamstring tension and reduce knee stiffness
- Therapeutic exercises include quadriceps sets (4 X 20 reps/day) and ankle pumps (20-30 reps/ hour). Additionally, light desensitization massage to the incision and posterior hip may be used to minimize discomfort and reduce hypersensitivity
- Brace may be removed for physical therapy
- Discontinue brace approximately 4 weeks after surgery depending on repair strength but keep using crutches for stability



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Phase II (Weeks 4-8)

- Brace is discontinued after 4-6 weeks post-op appt with Dr. Wright and begin to wean from crutches
- Standing hamstring curls is initiated with hip joint held in neutral and lower leg moving against gravity in pain free arc. Resistance is increased a pound at a time as tolerated with emphasis on high reps and frequency
- When patient can move through a full and pain free flexion arc with 8-10 lbs at high reps, he/she can then transition to machine hamstring curls
- Quarter squats and heel raises progress from bilateral to unilateral status
- Step down exercises using progressively higher steps
- Gluteus maximus strength exercises progress from prone to supine
- Gluteus medius strengthening is started in sidelying position and is progressed to the upright position
- Begin unilateral knee extension and leg press activities with light resistance and increase as the operative leg tolerates. (Starting hip position should be below 90 degrees and pain free)
- Though flexibility exercises are contraindicated at this point, those complaining of tightness may do gentle single knee to chest stretch on involved side.

Phase III (Weeks 8-16)

Goals include:

- Return to unrestricted ADL's at home and work
- Continued hamstring strengthening which can advance from machines to exercises combining strength and balance
- Pain free performance of nonimpact aerobic activities
- Encourage gradual progression to 30-minute nonimpact aerobic exercise 3-5 times per week (if cycling can not be tolerated, aquatic therapy recommended)

Phase IV (Weeks 16-24)

- Advanced proprioceptive training is carried out as patient masters previous goals
- Strengthening continues



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- Closed kinetic chain hamstring exercises i.e. advanced step downs, double to single leg Swiss ball curls, resisted incline hip extensions, roman dead-lifts, half to full squat progression
- Low level plyometrics i.e. jump rope, step lunges in multiple directions with progression to walking lunges
- Light jogging when permitted by physician
- At 6 months, single leg hop for distance and Cybex isokinetic tests (180°/s and 60°/s)
- Return to sport specific activities once involved hamstring strength is 75% vs the noninvolved leg at 60°/s
- Sport specific training