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PROXIMAL HAMSTRING TENDON RUPTURE INFORMATION PACKET



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PROXIMAL HAMSTRING TENDON RUPTURE

Rupture of the proximal hamstring tendon is a relatively rare injury and is caused by a traumatic incident, such as falling or water skiing. A complete rupture, meaning the tendon is completely pulled off the bone, can be treated with conservative treatment which includes rehabilitation (physical therapy) or surgically. Depending on the acuteness of the injury and your hobbies and goals, your doctor may recommend one treatment option over the other. Patients treated non-operatively (meaning with physical therapy and no surgery) can do fairly well in the appropriate setting. However, there is usually about a 20% decrease in strength and function in that hamstring after this type of injury. Patients who want to return to high level sports or that are very active usually opt for surgery. It is best to have the surgery done within the first three weeks after the injury if possible, before scar tissue develops around the retracted tendon.

Surgery is done through an open incision along the crease of your buttock. Two to three anchors are inserted into ischial tuberosity (where the hamstring used to attach) and from these anchors are sutures. These sutures are sewn into the end of the detached tendon and pulled back up to the bone and the sutures are tied. The sutures can withhold some force but the outcome of the surgery is dependent on your body's ability to heal the tendon back down to the bone. This takes about 12 weeks.



www.jbjs.org

After surgery, you will need a hip brace which will prevent you from being able to flex at the hip. You will be in this brace for about 4 weeks. You will be fitted for this brace prior to surgery and you must bring this brace with you the day of surgery. Please review the FAQs below for more information on what to expect after surgery.

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FREQUENTLY ASKED QUESTIONS: PROXIMAL HAMSTRING REPAIR

When do I have to wear the brace and for how long?

The brace must be worn at all times except for bathing and dressing. At the initial post-op appointment further brace wear will be addressed. The brace should be worn as directed by the doctor, usually for about 4 weeks.

How long will I need to be in Physical Therapy?

This is variable and depends on the patient. In general, you should expect to be in PT for about 3-6 months. The specific PT program and goals will be per Dr. Nelson's protocol. You will be provided with a prescription for PT and you can choose a facility that is a convenient location for you.

When can I drive?

You may not drive while wearing the brace so you should plan on not driving for *at least* the first 4 - 6 weeks if it is your left leg (2 months if you drive a standard transmission) and *at least* 2 months if it is your right leg.

How do I go to the bathroom?

Going to the bathroom may be difficult. Please do the best you can with the brace left on. Some patients find a high commode to be useful. If your insurance will pay for one then arrangements can possibly be made prior to discharge from the hospital to obtain one.

What signs should I look for that is suggestive of a blood clot?

Although a blood clot is unlikely if you are taking the blood thinner as prescribed, it is not impossible. If you develop ANY calf pain/swelling or shortness of breath please contact our office immediately

What signs should I look for that is suggestive of an infection?

Infection is not a common complication after this surgery but if you develop a fever of >102 degrees or if there are signs of spreading redness or increased tenderness around the incision or any drainage (other than blood) through the bandages then please contact our office immediately at 810-953-0500.

When will I see the doctor again?

You should be seen 10-14 days after surgery. A follow-up visit should already be scheduled for you. If not, please call our office to schedule this

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POST-OPERATIVE INSTRUCTION SHEET: PROXIMAL HAMSTRING REPAIR

POST-OP MEDICATIONS:

- You were given a prescription for **pain medication** prior to discharge. This medication may be taken as directed. Once the pain or discomfort is minimal, you may switch to over-the-counter medications, such as Tylenol.
- You should take a **stool softener** for the first 4 weeks. The pain medication can cause significant constipation. Peri-Colace can be purchased over-the-counter and taken twice daily.
- Anti-coagulation is critical to minimize the risk of a DVT (or blood clot). You will be given a **blood thinner** daily as a precaution.

ICE:

- Ice bags (not directly touching the skin) should be utilized to reduce swelling and pain. Please ice every 3-4 hours for about 15-20 minutes each time for at least the first 5 days or until swelling subsides.
- Do not put ice directly on your skin.

BRACE:

- You have been fitted for a hip brace. This must remain on **at all times** for at least the first **4 weeks** or until otherwise directed by the doctor. It should only be removed for dressing and bathing purposes. This brace is **essential** in preventing any stress on the tendon repair.

AMBULATION:

- Toe-touch weight bearing after surgery with two crutches. Further weight-bearing instructions will be provided to you at your first post-operative visit.

WOUND CARE:

- Leave your surgical dressing on until your first post-operative visit.
- Do not get your dressing or incision wet. It is best to sponge bathe or use a hand held shower device until your dressing has been removed. Please call our office if there is draining or bleeding through your dressing.

FOLLOW UP VISIT:

- If you do not already have a follow-up visit scheduled then please call 810-953-0500 to schedule one within 10-14 days.

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REHABILITATION PROTOCOL for PROXIMAL HAMSTRING REPAIR

PHASE I: 0 to 4 Weeks

Goals:

- Protect the repair

Weight bearing:

- Toe-touch weight bearing with hip orthosis on at all times
- May take off for showering

Treatment Plan:

- Ice for pain and swelling control 3-5 times per day
- Teach patient how to transfer from supine to sitting positions and standing to sitting positions safely and with brace on
- Heel props with quad sets in the supine position (to prevent knee stiffness and promote quad control)

PHASE II: 4 to 8 Weeks

Goals:

- Normal gait is restored
- Pain free ADLs

Weight bearing:

- Progress to full weight bearing and wean off crutches and out of brace

Treatment Plan:

- Improve ADL function- stand, stairs, walking, etc
- Start gentle ROM
- Emphasize restoring normal gait pattern
- Desensitization massage over the incision
- **WEEK 4** begin active ROM of knee and hip
- Begin Total Leg Strengthening
 - Heel raises
 - Quad sets (active heel lift)
 - Short arc quads
 - General hip strengthening (abduction/adduction) while lying on side
 - Single leg balance for proprioception
- **NO HAMSTRING STRETCHING**

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PHASE III: 8 to 12 Weeks

Goals:

- Perform non-impact aerobic activities without pain
- Perform ADLs at home and work without restrictions

Treatment Plan:

- Core training
- Isotonic exercises avoiding terminal ranges of motion
- Begin aerobic conditioning
 - Stationary bike
 - Stairmaster
 - Elliptical trainer
- Progress Total Leg Strengthening
 - 1/4 squats
 - Step downs
 - Leg press
 - Knee extensions
 - Heel raises
 - Standing hip abductor strengthening (or use machine)
 - Balance and proprioceptive training

PHASE IV: 3 to 6 months

Goals:

- Return to recreational activities and sports

Treatment Plan:

- Progress to terminal ROM
- Begin hamstring strengthening
- Continue balance and proprioception retraining
- Progress Total Leg Strengthening
 - Advanced step down
 - 1/4 to 1/2 squats with hand held weights
 - Straight leg raises with ankle weights
 - Closed kinetic chain hamstring strengthening
- Advance to light land jogging at 5-6 months
- Progress back to competitive sports once strength is 75-80% compared to contralateral side

