

# PHYSICAL THERAPY PRESCRIPTION

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DATE: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

D.O.B: \_\_\_\_\_ MRN: \_\_\_\_\_

DIAGNOSIS: PROXIMAL HAMSTRING TEAR

Right  Left  Bilateral

SURGERY: PROXIMAL HAMSTRING REPAIR

DATE OF SURGERY: \_\_\_\_\_

## Activity

- TTWB x 2 weeks with hinged knee brace locked in 45° flexion for 2 weeks
- Wear brace at all times except when showering
- May remove brace TID while lying flat on back to allow knee to extend. No flexion of hip with extension of knee
- Avoid position of 90° hip flexion with full extension of knee (i.e. normal seated position) for first 4 weeks after surgery

## ROM – begin at 3 weeks

- Begin *prone* active knee extension and passive knee flexion with hip extended but avoid all hamstring stretching until 4 weeks postop
- At 4 weeks, begin gentle active prone knee flexion

## Strengthening

- At 4 weeks, begin light pool training
- At 6 weeks, begin stationary biking and open chain active hamstring ROM
- At 10 weeks, begin light hamstring strengthening, advance over next 2-4 weeks

## Return to sport

- Elliptical at 12 weeks
- Jogging at 16 weeks
- Full return to sport at 6 months

Treatment:  Eval and Treat or  1  2  3 times per week

Duration:  4  6 weeks

Home Program

\*\*Please send progress notes.

Physician's Signature: \_\_\_\_\_

NPI #: 1164790507