PHYSICAL THERAPY PRESCRIPTION

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PATIENT STICKER

of USC

Keck Medicine

PROXIMAL HAMSTRING POST-OP PHYSICAL THERAPY PRESCRIPTION

DATE OF SURGERY: ______ DIAGNOSIS: S/P Repair (LEFT / RIGHT) Proximal Hamstring Tendon to Ischial Tuberosity MODALITIES: ______

- ____ Initially begin Knee extension by 10 deg / week (with Hip in extension)
- ____ Gradual progression of Hip flexion @ 6 weeks
- ____ Progress Hip flexion with Knee in flexion
- ____ Progress off of Crutches as strength and leg control improve
- ____ Progressive strengthening to start @ 6 weeks
 - > Hamstrings / Hip Adductors / Hip Abductors / Hip Flexors
- ____ GOAL: Avoid stress at repair site (Tensile Loads) until 6 weeks post-op
 - > Full knee extension with hip at weeks, then begin Hip flexion
 - Gradual Hamstring Flexibility after 6-8 weeks post-op
- ____ Modalities prn

Treatment:	times per week	Home Program
Duration:	_ weeks	
**Please send prog	ress notes.	
Physician's Signature	:	

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