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PATIENT NAME:

PROCEDURE:

DATE OF SURGERY:

PHYSICAL THERAPY ORDER – Proximal Hamstring Repair

I certify that formal physical therapy is a medically necessary treatment for this patient. This document, along with my signature, serves as an official order for physical therapy.

PHASE I

Weeks 0-8

WB status: Heel touch in extension with crutches
Brace: hip brace worn at all times for 3 weeks
Motion: No hip flexion past 45 degrees
Exercises: ankle pumps, no active hamstring exercises
Use modalities to decrease pain and inflammation

PHASE II

Weeks 8-10

WB status: slowly progress to full and wean off crutches
Motion: gradual and slow hip flexion past 45 degrees
Exercises: Weight shifts, straight leg raises, gentle gluteal strengthening
Precautions: no hamstring strengthening or stretching

PHASE III

Weeks 10-12

WB status: full
Motion: full
Exercises: Begin gradual increase in total leg and hip strengthening exercises; standing leg curls, heel raises; non impact aerobic activities (stationary bike, stairmaster)

PHASE IV

Weeks 12-16

WB status: full
Motion: full
Exercises: Phase III + allow gradual strengthening as tolerated including sports specific drills

Return to sport once cleared by MD.