PHYSICAL THERAPY PRESCRIPTION



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Physician's Signature:____

PAT	IFNT	ST	ICKER

HIP PROXIMAL HAMSTRING TENDON REPAIR PROTOCOL

d hip at 2 weeks. Do not exceed ee extension beyond restrictions.
es exion against gravity ng r hip flexion and adduction ening is progressed to isotonics clam shells)
y exercises nening exercises – start with hip joint held in neutral position g against gravity in pain-free arcs increased with emphasis on high high frequency (4-5x/day) to move though a full and pain- in high reps, patients can transition high reps, patients can transition hamstring curls trengthening exercises – quarter eus maximus strengthening, ening progressed to the upright multi-hip machine) tion
ioceptive training nstring exercises (advanced step leg Swiss ball hamstring curls) am and sport-specific agility drills

M.D.

Frequency & Duration: \square 1-2 \square 2-3 x/week for _____ weeks ____ Home Program