

INSTRUCTIONS FOR SURGERY

In order to make your admission and hospital stay smooth and more pleasant, please comply with the following instructions:

☐ If your surgery is on **MONDAY**, please report to:

NYU Hospital for Joint Diseases
301 East 17th Street
New York, NY 10003

If indicated by your physician, schedule your pre-surgical testing, located at

303 2nd Avenue, 1st Floor Suite 16
New York, NY 10003

☐ If your surgery is on **FRIDAY**, please report to:

NYU Langone Outpatient Surgery Center
339 East 38th Street
New York, NY 10016

If indicated by your physician, please call 212-263-5985 to schedule your pre-surgical testing, located at

240 East 38th St.
New York, NY 10016
Mezzanine Level

***One business day prior to your surgery, hospital staff will contact you to finalize your surgery time.**

- A. Bring jogging/warm-up pants, shorts/skirt if having knee surgery.
- B. Bring a shirt/blouse that buttons open in front instead of a pullover if having shoulder/elbow surgery.
- C. If you own crutches, bring them with you, if having knee, ankle or hip surgery.
- D. Bring all medications or a list of current medications you are taking with you. Also bring a list of any allergies.
- E. Blood pressure medication should be taken as usual with a sip of water the morning of surgery. **DO NOT** take a diuretic or fluid pill. Seizure medications may be taken before surgery.
- F. **DO NOT** take oral diabetes medications (pills) the night before or the day of surgery. If you are on insulin, **DO NOT** use insulin the morning of surgery unless you are a "problem diabetic" in which case you need to consult your physician regarding the proper insulin dose for you to use prior to surgery.

Center for Musculoskeletal Care 333 E. 38th St, New York, NY 10016
Tel: (646) 501-7223/ Fax: (646) 754-9505 / www.NewYorkOrtho.com



- G. Please **DO NOT** wear makeup or nail polish the day of surgery. You will need to remove contact lens (including extended wear), denture, or bridges prior to surgery. Please bring your own containers for storage.
- H. Leave all jewelry and valuables at home. The hospital will not take responsibility for lost or missing items.
- I. You need to report any skin irritation, fever, cold, etc., to Dr. Jazrawi.
- J. You will need to bring your insurance card/information with you.
- K. DO NOT eat, drink (including water), chew gum, candy, smoke cigarettes, cigars, use smokeless tobacco, etc., after midnight the night before surgery or the morning of your surgery. The only exception is a sip of water to take necessary medications the morning of surgery.
- L. You must arrange someone to drive you home when ready to leave the hospital. You will not be allowed to drive yourself home after surgery. We can assist you if you need transportation to the airport or hotel, however, you need to let us know in advance (if possible) so we can make the arrangement.
- M. NOTE: DO NOT take any aspirin, aspirin products, anti-inflammatories, Coumadin or Plavix at least 5 days prior to surgery. You are allowed to take Celebrex up to your day of surgery. If your medical doctor or cardiologist has you on any of the above medications. Please check with him/her before discontinuing the medication. You may also take Tylenol or Extra-Strength Tylenol if needed.

Nonsteroidal Anti-Inflammatory (Arthritis) Medications:

Some of the most common names for frequently used NSAID's include: Motrin, Indocin, Nalfon, Naprosyn, Naprelan, Arthrotec, Tolectin, Feledene, Voltaren, Clinoril, Dolobid, Lodine, Relafen, Daypro, Advil, Aleve, Ibuprofen.

Your first follow up appointment is usually scheduled for approximately 2 weeks after your surgery at the 333 East 38th street office. The date and time of your follow-up is _____.

If you cannot make this appointment or need to change the time, please contact the office.

If you have any questions regarding your surgery, please contact the office at 646-501-7223 option 4, option 2 or via the internet at www.newyorkortho.com

Home Supplies For Your Surgery

Laith M. Jazrawi M.D.

Open Surgery

- A. **Open knee surgery** (ACL reconstructions, ALL (Anterolateral ligament) reconstructions, Autologous Chondrocyte Implantation, PCL reconstructions, High tibial osteotomy, Distal femoral osteotomy, Posterolateral corner reconstruction, MCL reconstruction, OATS (osteochondral autograft), Osteochondral allograft)
 - a. You will need 4x4 (or similar size) waterproof bandages for fourteen days. **Bandage changes for open knee surgery done post-op day #3.**
- B. **Open shoulder surgery**, (Biceps Tenodeis, Latarjet, Open capsulorrhaphy, Glenoid reconstruction using Distal tibial allograft):
 - a. You will need 4x4 (or similar size) waterproof bandages for fourteen days. Also, a box of **Bandage changes for open shoulder surgery are done post-op day #3.**
- C. **Open Ankle Surgery** (Achilles Tendon Repair, Os Trigonum Excision, Ankle OCD, Modified Brostrom-Gould Procedure, Peroneus Longus/Brevis Repair)- You do not have to worry about dressing changes as your leg will be in splint/cast for the first two weeks
- D. **Open Elbow surgery** (Distal Biceps Repair, LCL Reconstruction, Radial Head or Capitellum ORIF, Radial Head Replacement/Resection, Triceps Repair, UCL Reconstruction – Tommy John Surgery)- You do not have to worry about dressing changes as your arm will be in splint/cast for the first two weeks. **For Tennis Elbow surgery (lateral epicondylitis) and Golfer's Elbow Surgery (medial epicondylitis), dressing changes are started on post-op day #3.** You will need 4x4 (or similar size) waterproof bandages for fourteen days.
- E. **Hamstring repair** You will have a special dressing placed on at the time of surgery that will be kept on for the first 2 weeks after surgery. You will then need 4x4 (or similar size) Tegaderm or Telfa waterproof dressings. Also, a box of 4" by 4" gauze sponges if there is bleeding at the incision site.

Arthroscopic Surgery

- A. For Arthroscopic shoulder, elbow, knee, or ankle surgery:
 - a. Regular adhesive bandages ("Band-aids") can be used for arthroscopic portals x 2 weeks.
 - b. **If biceps tenodesis was performed, use 4x4 (or similar size) waterproof bandages on wounds.**
 - c. **In general, dressing changes for arthroscopy are done on post operative day 3**

Post-Operative Medication Administration

Knee Arthroscopy

- Pain- Motrin 800mg. 1 tab three times daily, as needed
- Adjunctive pain: Percocet (Oxycodone/Acetaminophen) 10/325; One tab every 6 hours as needed for adjunctive pain
- Antibiotic – Keflex 500mg; One tab 4 times daily x 4 days
 - Keflex allergy – Clindamycin 300mg; One tab twice daily x 7days.

Knee Ligament Reconstruction

- Pain- Percocet (Oxycodone/Acetaminophen) 10/325; One tab every 6 hours as needed.
- Breakthrough Pain – Dilaudid (Hydromorphone) 2mg; 2-3 tabs every 8 hours as needed for adjunctive pain.
- Antibiotic – Keflex 500mg; One tab 4 times daily x 4 days
 - Keflex allergy – Clindamycin 300mg; One tab twice daily x 7days.
- Constipation – Docusate (Colace) 100mg; 1 tab twice daily as needed.
- DVT prophylaxis- Aspirin 81mg; 2 tabs daily x 14 days
- ****Antibiotics and Aspirin start post-operative day #1

Non-weight bearing Lower Extremity Surgery (Meniscal Repair, Meniscal Root Repair, Distal Femoral Osteotomy, High Tibial Osteotomy, Tibial Tubercle Osteotomy, Cartilage Transplant)

- Antibiotic – Keflex 500mg; One tab 4 times daily x 4 days
 - Keflex allergy – Clindamycin 300mg; One tab twice daily x 7days.
- Pain- Percocet (Oxycodone/Acetaminophen)10/325; One tab every 6 hours as needed.
- Adjunctive Pain – Dilaudid (Hydromorphone) 2mg; 2-3 tabs every 8 hours as needed for adjunctive pain.
- Constipation – Docusate (Colace) 100mg; 1 tab twice daily as needed.
- DVT prophylaxis- Aspirin 81mg; 2 tabs daily x 14 days
- *****Antibiotics and Aspirin start post-operative day #1

Shoulder/Elbow Surgery

- Antibiotic – Keflex 500mg; One tab 4 times daily x 4 days
 - Keflex allergy – Clindamycin 300mg; One tab twice daily x 7days.
- Pain- Percocet (Oxycodone/Acetaminophen)10/325; One tab every 6 hours as needed.
- Adjunctive Pain – Dilaudid (Hydromorphone) 2mg; 2-3 tabs every 8 hours as needed for adjunctive pain.

- Constipation – Docusate (Colace) 100mg; 1 tab twice daily as needed.
- DVT Prophylaxis - Aspirin 81mg; 2 tabs daily x 14 days

Ankle fracture surgery & Achilles Tendon Surgery

- Antibiotic – Keflex 500mg; One tab 4 times daily x 4 days
 - Keflex allergy – Clindamycin 300mg; One tab twice daily x 7days.
- Pain- Percocet (Oxycodone/Acetaminophen)10/325; One tab every 6 hours as needed.
- Adjunctive Pain – Dilaudid (Hydromorphone) 2mg; 2-3 tabs every 8 hours as needed for adjunctive pain.
- Constipation – Docusate (Colace) 100mg; 1 tab twice daily as needed.
- DVT Prophylaxis - Aspirin 81mg; 2 tabs daily x 14 days
- ****Antibiotics and Aspirin start POD #1

Ankle arthroscopy +/- Microfracture and Achilles repair

- Pain- Percocet (Oxycodone/Acetaminophen) 10/325; One tab every 6 hours as needed.
- DVT Prophylaxis - Aspirin 81mg; 2 tabs daily x 14 days
- ****Aspirin starts post-operative day #1

Hamstring repair

- Antibiotic – Keflex 500mg; One tab 4 times daily x 4 days
 - Keflex allergy – Clindamycin 300mg; One tab twice daily x 7days.
- Pain- Percocet (Oxycodone/Acetaminophen)10/325; One tab every 6 hours as needed.
- Adjunctive Pain – Dilaudid (Hydromorphone) 2mg; 2-3 tabs every 8 hours as needed for adjunctive pain.
- Constipation – Docusate (Colace) 100mg; 1 tab twice daily as needed.
- DVT Prophylaxis - Aspirin 81mg; 2 tabs daily x 14 days
- ****Antibiotics and Aspirin start POD #1

Post-Operative Instructions **Proximal Hamstring Repair**

Day of surgery

- A. Diet as tolerated
- B. Pain medication as needed every 4-6 hours (refer to pain medication sheet).
- C. Make sure you have a physical therapy post-op appointment scheduled during the first week after surgery.
- D. If you were given a brace this should be worn at all times except during sleep.

First Post-Operative Day

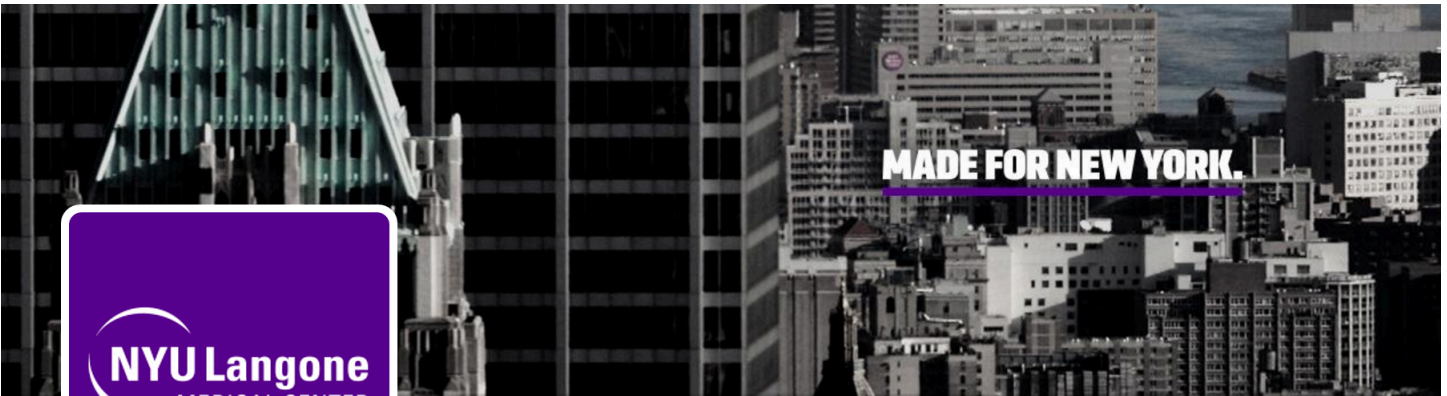
- A. Pain medication as needed.

Second Post-Operative Day Until Return Visit

- A. Unless otherwise noted, weight-bearing is toe-touching only for the first 6 weeks after surgery. After 6 weeks, you can bear as much weight on the affected leg as you can tolerate. Most patients use crutches for the first 2-3 weeks.
- B. Call our office @ 646-501-7223 option 4, option 2 to confirm your first postoperative visit, which is usually about 1-2 weeks after surgery if you have not been given a time. If you are experiencing any problems, please call our office or contact us via the internet at www.newyorkortho.com.
- C. The initial Aquacel dressing should be kept on for the first 2 weeks after surgery. After 2 weeks, you may remove the Aquacel dressing and shower. Apply 4x4 (or similar size) Telfa or Tegaderm to these wounds prior to showering and when showering is complete apply fresh dry Telfa or Tegaderm.
- D. If showering is begun before 2 weeks (earliest allowed is third postoperative day), the Aquacel dressing MUST be kept dry.

***Telfa Adhesive Island Dressings or Tegaderm+Pads may be purchased online and at select pharmacies.**





Dr. Laith M. Jazrawi

Chief, Division of Sports Medicine
Associate Professor Department of Orthopaedic Surgery

Rehabilitation Protocol Following Proximal Hamstring Primary Repair

The hamstring muscle group consists of three muscles: the biceps femoris, semitendinosus and semimembranosus. All three of these muscles originate from the ischial tuberosity of the pelvis and then insert below the knee with the biceps femoris attaching on the fibula and the semimembranosus and semitendinosus attaching on the tibia (Figure 1). These muscles cross the hip and the knee, and therefore can affect both hip and knee motion. Acute hamstring strains are common in sports that involve sprinting, kicking and high-speed skilled movements.

A National Football League team published injury data for their team during pre-season training camp from 1998-2007.¹ Hamstring strains were the second most common injury, only surpassed by "knee sprains".¹ Numerous studies have shown that hamstring strains are one of the most common injuries in sprinting sports, soccer, rugby and Australian rules football.¹⁻¹² Hamstring strains primarily occur at the proximal musculotendon junction.¹³ Proximal musculotendon strain injuries have been shown to be treated effectively with rehabilitation.^{1, 8}

Much less common, but most often much more severe, are the hamstring injuries involving complete avulsion of the hamstring complex off the ischial tuberosity. When this occurs a large amount of bleeding (hematoma) will form in the back of the thigh and the tendon will move down the thigh, retracting away from the ischial tuberosity (Figures 2 and 3). Almost all injuries occur from a slip or a fall that creates forceful hip flexion with simultaneous knee extension, many of these during sporting activities.

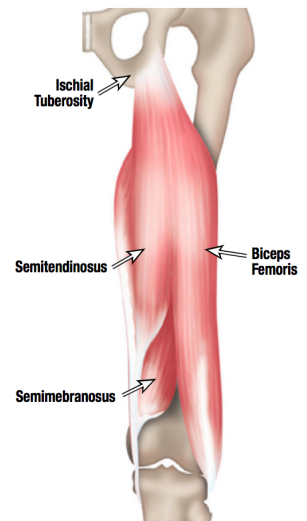
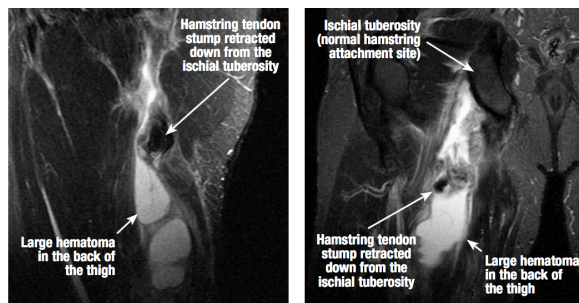


Figure 1 Normal hamstring anatomy. Three muscles (semimebranosus, semitendinosus and biceps femoris) originate from the pelvis (ischial tuberosity).

Image Copyright 2010 UW Health Sports Medicine Center.



Figures 2 and 3 MRI demonstrating a complete avulsion of the hamstring tendon from the ischial tuberosity.

Rehabilitation Protocol Following Proximal Hamstring Primary Repair

In addition to falls this injury can occur with waterskiing starts and bull riding.¹⁴⁻¹⁵ These complete avulsions result in significant or complete loss of hamstring function depending on how many of the tendons are avulsed. This can lead to poor leg control and difficulty even walking. Because of the significant structural damage and resultant disability, these injuries are often treated with open surgical repair.

The clinical indications for surgical repair are complete hamstring avulsion of all 3 tendons or significant retraction with less than 3 tendons avulsed. Outcome studies indicate that if surgery is performed shortly after injury, the outcome is superior to those whose surgery was delayed several months. Acute surgical repair is performed by suturing the torn tendons to suture anchors placed in the bone at the anatomical origin. This usually requires 2-4 suture anchors and Panacryl or Ethibond sutures (Figures 4 and 5).¹⁶⁻¹⁷

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Post-operatively crutches are used to assist in walking for the first few weeks. A brace or protective device also may be used to protect the hamstring. One factor in this decision is the time of year (snow / ice), as most reported episodes of early failure are related to slipping and falling. Another factor, which is assessed during surgery, is the ease with which the torn tendon can reach its original insertion on the pelvis. If the tendon was significantly retracted there is a greater likelihood of longer post-operative protection.

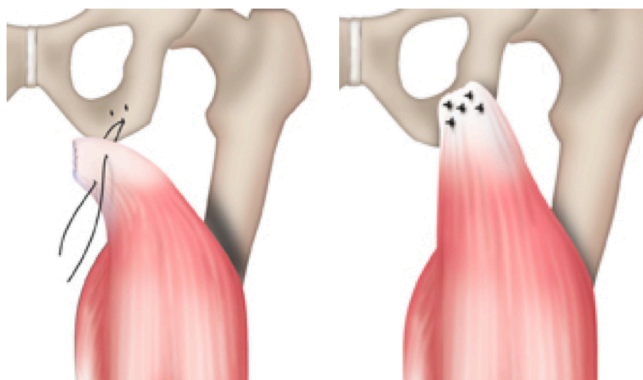


Figure 4: Sutures extending out to the torn tendon stump from anchors placed in the ischial tuberosity (pelvic bone).

Figure 5: Sutures tied off to approximate the torn tendon to the ischial tuberosity (pelvic bone).

Rehabilitation Protocol Following Proximal Hamstring Primary Repair

Phase I (Surgery to 6 weeks after surgery)

| | |
|-------------|--|
| Goals | <ul style="list-style-type: none"> ○ Protection of surgical repair ○ Progress ROM by 30 degrees per week to full ROM by 8 weeks ○ Cryotherapy unit to be used 4-6 times per day for 20 minutes ○ Crutches/non-weight bearing for 4 weeks with progression to full-weight bearing |
| Precautions | <ul style="list-style-type: none"> ○ Non-weight bearing with crutches for 6 weeks ○ No active hamstring contraction ○ No hip flexion greater than 45 degrees ○ Knee extension limited pending intra-operative tension on the repair |
| Suggestions | <ul style="list-style-type: none"> ○ Cryotherapy for pain and swelling control 3-5x a day ○ Light desensitization massage to the incision and posterior hip ○ Scar massage ○ Silicon patch over incision (if open repair) |

Phase II (6 weeks to 8 weeks following surgery)

| | |
|---------------------------|--|
| Goals | <ul style="list-style-type: none"> ○ Restore normal gait ○ Pain free and normal functional ADLs |
| Precautions | <ul style="list-style-type: none"> ○ Monitor tenderness of surgery site ○ No hamstring flexibility or stretching exercises are to be performed during this phase. Lengthening of the repair and return of normal hamstring flexibility will be allowed to occur on its own |
| Range of Motion Exercises | <ul style="list-style-type: none"> ○ Increase Forward Flexion, Internal/External Rotation to full motion as tolerated |
| Therapeutic Exercises | <ul style="list-style-type: none"> ○ Restore normal gait pattern (emphasize good leg control with extension of knee during swing phase and heel strike) ○ Improve ADL function i.e sit->stand, stairs, etc. ○ Begin light hamstring strengthening with low loads, high reps and high frequency by performing hamstring leg curls in standing with the hip extended. Start with zero resistance then progress as tolerated 1lb at a time 2 sets/20, 4-5x a day ○ Begin total leg strengthening: heel raises, quad sets, short arc squads, general hip strengthening in side lying, single leg balance for proprioception |
| Other Suggestions | <ul style="list-style-type: none"> ○ Light desensitization massage to the incision and posterior hip ○ Scar massage |

Rehabilitation Protocol After Arthroscopic SLAP Repair

Phase III (8 weeks to 12 weeks following surgery)

| | |
|-----------------------|--|
| Goals | <ul style="list-style-type: none"> ○ Pain-free performance of non-impact aerobic activities ○ Unrestricted ADLs at home or work |
| Precautions | <ul style="list-style-type: none"> ○ Monitor hamstring flexibility and tenderness of surgery site |
| Therapeutic Exercises | <ul style="list-style-type: none"> ○ Begin non-impact aerobic conditioning as tolerated with any of the following: stationary bike, stairmaster, elliptical trainer, nordic track, aquatic therapy with swimming or functional activities in the water (avoid forceful, explosive, or repetitively strainful activities) ○ Continue to progress TLS as tolerated: ¼ squats, stepdowns, leg press, knee extensions, heel raises, hip abductor in standing with tubing or machine, balance and proprioceptive training ○ Progress hamstring strengthening in standing by increasing weight or initiating TheraBand ○ Patient may progress to prone positioning on a machine and then to seated leg curls (with hip flexed at 90 degrees) on a machine or with tubing |

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- Sallay PI, Friedman RL, Coogan PG, Garrett WE. Hamstring muscle injuries among water skiers. Functional outcome and prevention. *Am J Sports Med.* Mar-Apr 1996;24(2):130-136.
- Sarimo J, Lempainen L, Mattila K, Orava S. Complete proximal hamstring avulsions: a series of 41 patients with operative treatment. *Am J Sports Med.* Jun 2008;36(6):1110-1115.
- Wood DG, Packham I, Trikha SP, Linklater J. Avulsion of the proximal hamstring origin. *J Bone Joint Surg Am.* Nov 2008;90(11):2365-2374.
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Post-Operative Rehabilitation Protocol: Proximal Hamstring Tendon Repair

Patient Name: _____ Date: _____

Weeks 0-6:

Goal:

- Protection of surgical repair

Precautions:

- Non-weight bearing with crutches for 6 weeks
- No active hamstring contraction
- No hip flexion greater than 45 degrees
- Knee extension limited pending intra-operative tension on the repair

Durable Medical Equipment:

Progress ROM by 30 degrees per week to full ROM by 8 weeks

Cryotherapy unit to be used 4-6 times per day for 20 minutes per session

Crutches/Non-weight bearing for 4 weeks with progression to full-weight bearing weeks 5-7

Exercises:

Cryotherapy for pain and swelling control 3-5x/day

Teach patient how to transfer from supine to sit, stand to sit, as well as perform ADLs safely. (Avoid greater than 45 degrees of hip flexion when the knee is extended during any and all activities, ie. sitting)

Heel props with quad sets, supine position only, to avoid knee stiffness and quad shut down

Other:

1. Light desensitization massage to the incision and posterior hip
2. Scar massage
3. Silicon patch over incision (if open repair)

Clinical follow-up:

Follow-up with physician at approximately 2 weeks postoperative



Hospital for Joint Diseases

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Web: newyorkortho.com

orthosurgery.med.nyu.edu/sports-medicine

Weeks 6-8:

Goal:

- Restore normal gait
- Pain free and normal functional ADLs

Precautions:

- Monitor tenderness of surgery site
- No hamstring flexibility or stretching exercises are to be performed during this phase. Lengthening of the repair and return of normal hamstring flexibility will be allowed to occur on its own. (This is traditionally not an issue following this procedure)

Exercises:

1. Restore normal gait pattern (emphasize good leg control with extension of knee during swing phase and heel strike)
2. Improve ADL function, ie. Sit -> stand, stairs, etc.
3. Begin light hamstring strengthening with low loads, high reps and high frequency by performing hamstring leg curls in standing with the hip extended. Start with zero resistance then progress as tolerated 1 lb at a time-2sets/20, 4-5x/day
4. Begin total leg strengthening (TLS):
 - a. Heel raises
 - b. Quad sets (active heel lift)
 - c. Short arc quads
 - d. General hip strengthening in side lying (gluteus maximus and medius)
 - e. Single leg balance for proprioception

Other:

- Light desensitization massage to the incision and posterior hip
- Scar massage

Clinical follow-up:

Follow-up with physician at approximately 8 weeks postoperative to advance rehab and monitor progress



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orthosurgery.med.nyu.edu/sports-medicine

Weeks 8-12:

Goal:

- Pain-free performance of non-impact aerobic activities
- Unrestricted ADLs at home or work

Precautions:

- Monitor hamstring flexibility and tenderness of surgery site

Exercises:

1. Begin non-impact aerobic conditioning as tolerated with any of the following:
 - a. Stationary bike
 - b. Stairmaster
 - c. Elliptical trainer
 - d. Nordic track
 - e. Aquatic therapy with swimming or functional activities in the water (Avoid forceful, explosive or repetitively strainful activities)
2. Continue to progress TLS as tolerated:
 - a. $\frac{1}{4}$ squats
 - b. Stepdowns
 - c. Leg press
 - d. Knee extensions
 - e. Heel raises
 - f. Hip abductor in standing with tubing or machine
 - g. Balance and proprioceptive training
3. Progress hamstring strengthening in standing by increasing weight or initiating TheraBand
4. Patient may progress to prone positioning on a machine and then to seated leg curls (with hip flexed at 90 degrees) on a machine or with tubing

Clinical follow-up:

Follow-up with physician at approximately 14 weeks postoperative to release to all activities as tolerated. The patient's frequency of follow-up with the therapist will be determined on an individual basis and depend largely on the patient's adherence, as well as the patient's and therapist's comfort level.

Signature: _____

Date: _____

PHYSICAL THERAPY LOCATIONS

*****Please schedule your post-operative physical therapy appointments BEFORE your surgery*****

Manhattan Sports and Manual Physical Therapy

10 East 33rd Street, 2nd Floor
New York, NY 10016
(646) 487-2495
www.msmt.com

Center for Musculoskeletal Care PT

333 E 38th St, 5th Floor
New York, NY 10016
(646) 501-7077

Other Locations:

| BROOKLYN | | | | |
|-------------------------|-----------------------|------------------|-------|----------------|
| R.P.T. Physical Therapy | 335 Court Street | Cobble Hill | 11231 | (718) 855-1543 |
| One on One PT | 2133 Ralph Ave | Flatlands | 11234 | (718) 451-1400 |
| One on One PT | 17 Eastern Parkway | Prospect Heights | 11238 | (718) 623-2500 |
| One on One PT | 9920 4th Ave | Bay Ridge | 11209 | (718) 238-9873 |
| One on One PT | 1390 Pennsylvania Ave | Canarsie | 11239 | (718) 642-1100 |
| One on One PT | 1715 Avenue T | Sheepshead Bay | 11229 | (718) 336-8206 |

| MANHATTAN-DOWNTOWN | | | | |
|--|-------------------|----------|-------|----------------|
| Health SOS | 594 Broadway | New York | 10012 | (212) 343-1500 |
| Occupational & Industrial Orthopaedic Center | 63 Downing Street | New York | 10014 | (212) 255-6690 |
| Promobility | 401 Broadway | New York | 10013 | (646) 666-7122 |

| MANHATTAN -EAST SIDE | | | | |
|--|--------------------|----------|-------|----------------|
| Harkness Center for Dance (PT Service) | 614 Second Ave | New York | 10003 | (212) 598-6054 |
| RUSK at the Men's Center | 555 Madison Ave | New York | 10022 | (646) 754-2000 |
| RUSK Physical Therapy | 240 E. 38th Street | New York | 10016 | (212) 263-6033 |
| STAR Physical Therapy | 160 E. 56th Street | New York | 10022 | (212) 355-7827 |



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|--------------------------|----------------|----------|-------|----------------|
| Therapeutic Inspirations | 144 E. 44th St | New York | 10017 | (212) 490-3800 |
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MANHATTAN UPPER EAST SIDE

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|-----------------------------------|--------------------|----------|-------|----------------|
| Health SOS | 139 E. 57th Street | New York | 10022 | (212) 753-4767 |
| Premier PT | 170 E. 77th Street | New York | 10021 | (212) 249-5332 |
| Rusk PT at Women 's Health Center | 207 E. 84th Street | New York | 10028 | (646) 754-3300 |
| SPEAR PT | 120 E. 56th Street | New York | 10022 | (212) 759-2211 |
| Sports PT of NY | 1400 York Ave | New York | 10021 | (212) 988-9057 |

MANHATTAN UPPER WEST SIDE

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|-----------------|--------------------|----------|-------|----------------|
| Premier PT | 162 W. 72nd Street | New York | 10023 | (212) 362-3595 |
| Sports PT of NY | 2465 Broadway | New York | 10025 | (212) 877-2525 |

MANHATTAN WEST SIDE

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|---|-------------------------------|----------|-------|----------------|
| Sports Medicine at Chelsea | 22 West 21st Street Suite 400 | New York | 10010 | (646) 582-2056 |
| Chelsea Physical Therapy & Rehabilitation | 119 W. 23rd Street | New York | 10011 | (212) 675-3447 |
| SPEAR Physical Therapy | 36 W. 44th Street | New York | 10036 | (212) 759-2280 |

QUEENS

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|--|--------------------|--------------|-------|----------------|
| Ergo Physical Therapy P.C. | 107-40 Queens Blvd | Forest Hills | 11375 | (718) 261-3100 |
| Susan Schiliro, PT (Hand & Upper Extremity only) | 99-32 66th Road | Rego Park | 11374 | (718) 544-1937 |

STATEN ISLAND

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|---------------|--|---------------|-------|----------------|
| One on One PT | 31 New Dorp Lane 1 st , Floor | Staten Island | 10306 | (718) 979-4466 |
| One on One PT | 33 Richmond Hill Rd | Staten Island | 10314 | (718) 982-6340 |

LONG ISLAND

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|------------|-------------------|---------|-------|----------------|
| Health SOS | 375 Deer Park Ave | Babylon | 11702 | (631) 321-6303 |
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|---|------------------------|----------------|-------|------------------|
| Hand in Hand Rehabilitation (Hand & Upper Extremity only) | 346 Westbury Ave | Carle Place | 11514 | (516) 333-1481 |
| Home PT Solutions | 111 W. Old Country Rd. | Hicksville | 11801 | (516) 433-4570 |
| Bi-County Physical Therapy & Rehabilitation | 270-03 Hillside Ave | New Hyde Park | 11040 | (718) 831 - 1900 |
| Bi-County Physical Therapy & Rehabilitation | 397 Willis Ave | Williston Park | 11596 | (516) 739-5503 |

WESTCHESTER

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|---|----------------------------|--------------|-------|----------------|
| Health SOS | 1015 Saw Mill River | Ardsley | 10502 | (914) 478-8780 |
| Premier PT | 223 Katonah Ave | Katonah | 10536 | (914) 232-1480 |
| PRO Sports PT of Westchester | 2 Overhill Road | Scarsdale | 10583 | (914) 723-6987 |
| Westchester Sports Physical Therapy, PC | 672 White Plains Road | Scarsdale | 10583 | (914) 722-2400 |
| Rye Physical Therapy and Rehabilitation | 411 Theodore Fremd Ave | Rye | 10580 | (914) 921-6061 |
| Rye Physical Therapy and Rehabilitation | 15 North Broadway; Suite K | White Plains | 10601 | (914) 686-3132 |

CONNECTICUT

| | | | | |
|------------|--------------------|--------|-------|----------------|
| Premier PT | 36 Old Kings Hwy S | Darien | 06820 | (203) 202-9889 |
|------------|--------------------|--------|-------|----------------|

NEW JERSEY

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|---|--------------------|-------------|-------|----------------|
| Jersey Central Physical Therapy & Fitness | 21 47 Route 27 | Edison | 08817 | (732) 777-9733 |
| Jag PT | 34 Mountain Blvd | Warren | 07059 | (908) 222-0515 |
| Jag PT | 622 Eagle Rock Ave | West Orange | 07052 | (973) 669-0078 |