

Hamstring rehabilitation: From injury to performance



Terence Chua Strength and Conditioning Coach Singapore Sport Institute 25/2/2023



Contents

- Introduction
- What are the hamstrings and role of the hamstrings
- Contributing risk factors to injury
- Modifiable risk factors
- Injury grades
- Goal of muscular rehabilitation
- Hamstring rehabilitation guidelines
- Practical assessments and functional tests
- What is Return-to-Play and factors to consider
- Bullet-proofing the hamstrings
- FIFA11+, Perform+
- Hamstring-specific exercises
- Warm up construction
- Questions





What are you currently practicing when your athlete experiences a hamstring injury?







Introduction

Hamstring strain injuries (HSI) account for one of the most common injuries in sport

An injury can sideline an athlete from training time and progress. If not managed properly, athletes may lose further valuable time to persistent injury

> What can we do as coaches to **maximise** athlete availability and training progress and **minimize** time off training from injury?





What are the hamstrings?

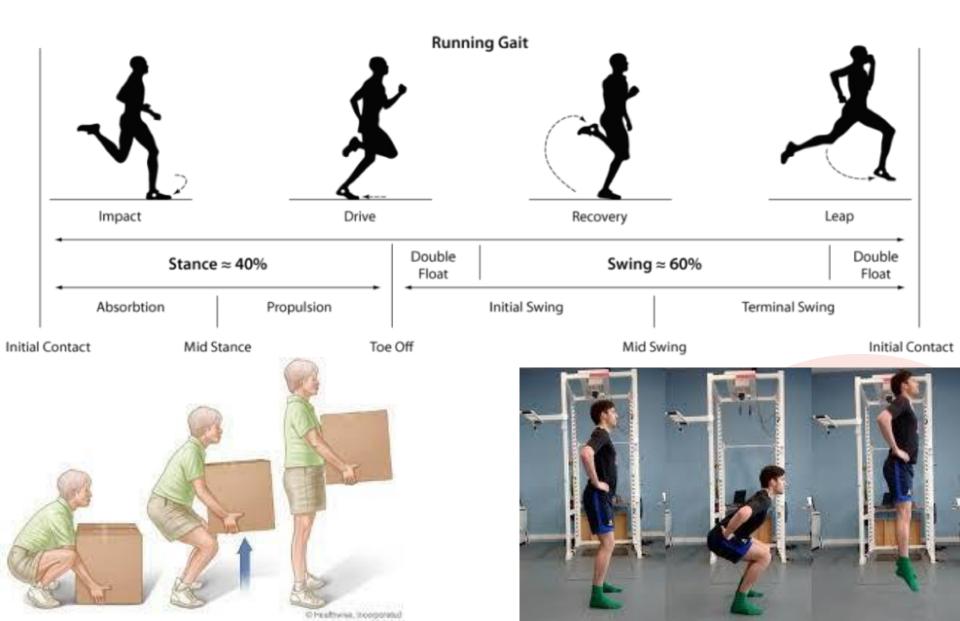




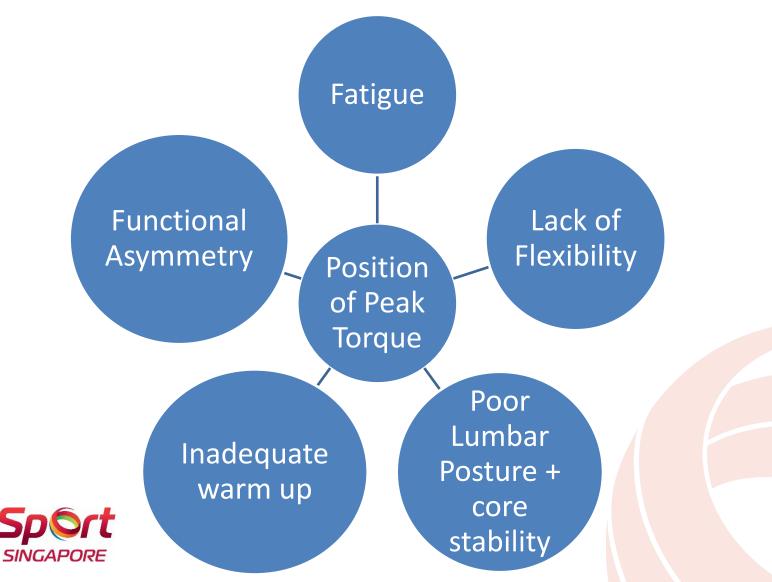
The hamstrings are a group of muscles at the lower extremity:

- Semitendinosus
- Semimembranosus
- Bicep Femoris

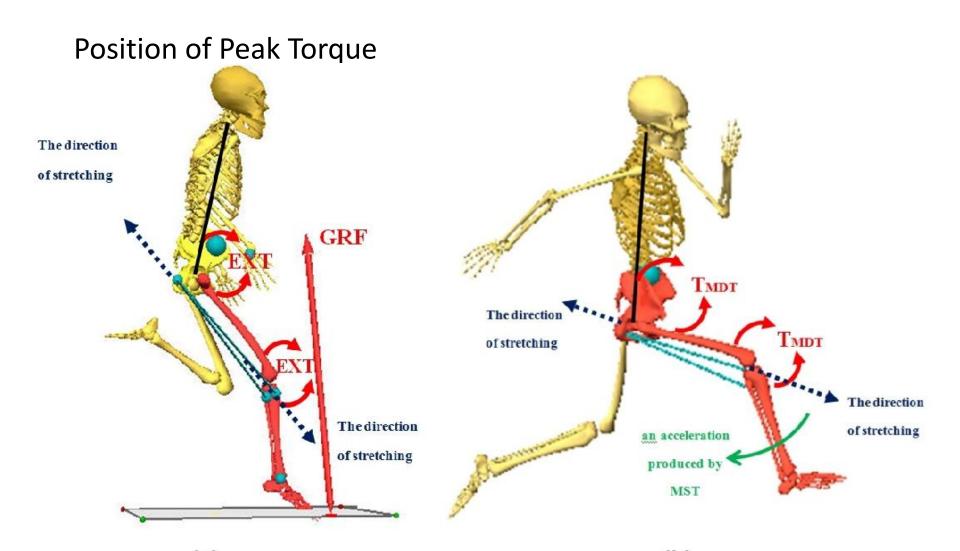
Role of the hamstrings



How do hamstring strain injuries occur?





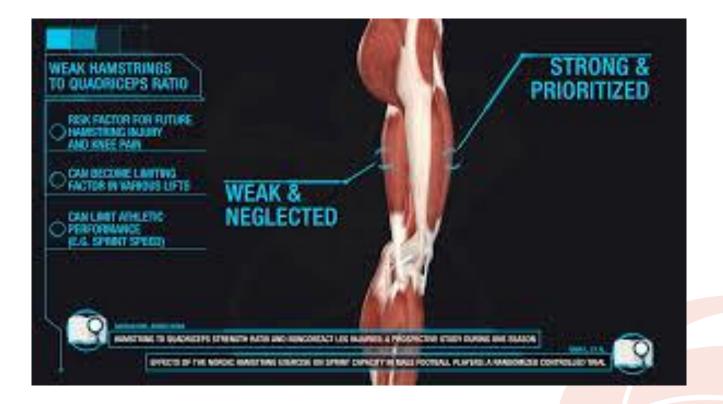


(b) re 2: Diagram of sprinting(a) during the initial stance phase (b)during the late swing pha





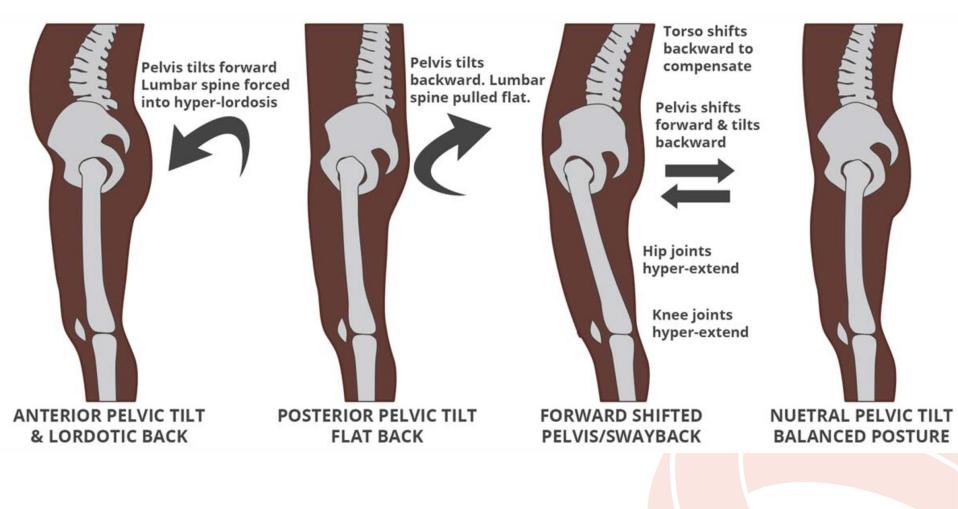
Functional Asymmetry





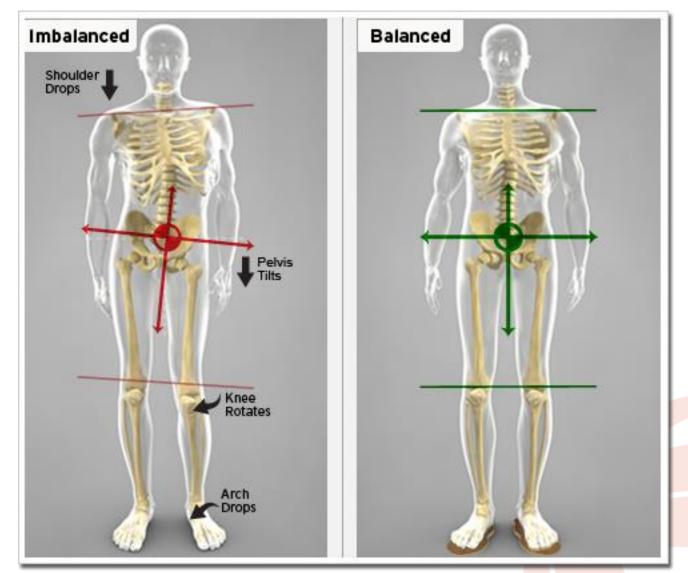


Poor lumbar posture













Injury Grades: Grade 1





Mild strain, minimum tear of muscle-tendon unit, minor loss of strength





Injury Grades: Grade 2



Grade 2: Moderate strain, partial tear of muscle-tendon unit, significant loss of strength resulting in significant loss of functional limitation





Injury Grades: Grade 3





Severe strain, complete rupture of muscle-tendon unit, severe functional disability





Goal of muscular rehabilitation

Primary goal of muscular rehabilitation:

To allow the athlete to <mark>return to sport</mark> at a level of performance <mark>before</mark> <mark>the injury</mark> with <mark>minimal risk of recurrence of the injury.</mark>

Vigorous physical activity <mark>after the onset</mark> of musculoskeletal injury may <mark>increase the severity of injury</mark>

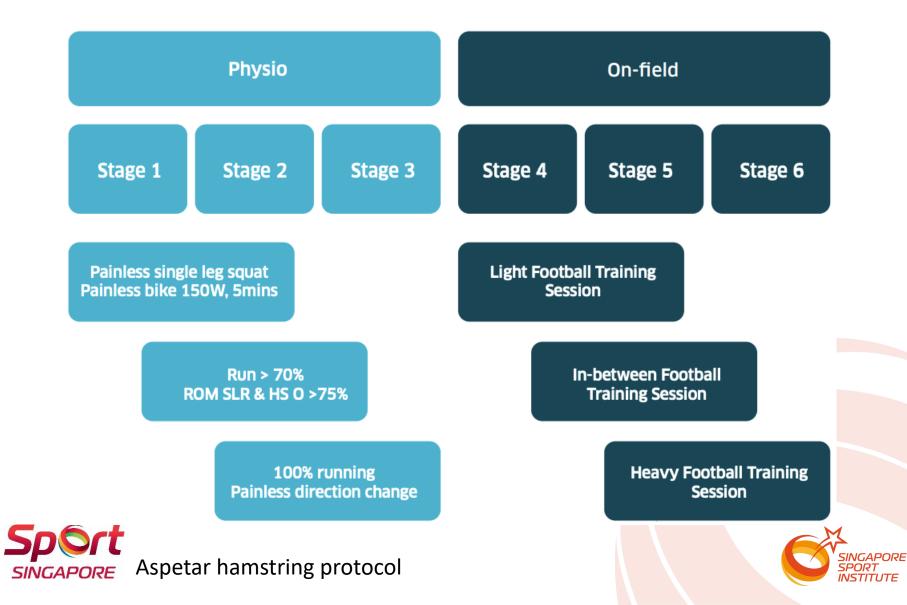
Every athlete is different. Progression should be based on:

- Criteria-based
- Time-based*
- Athlete tolerance
- Pain, stiffness, anxiety with movement





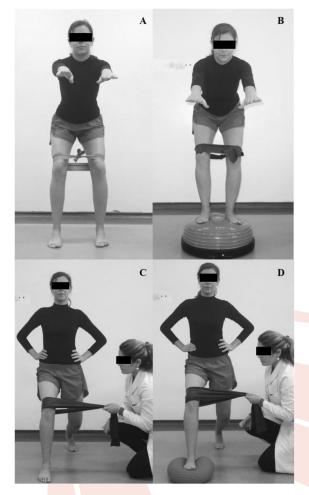
CRITERIA BASED PROGRESSION PROTOCOL



Hamstring rehabilitation guideline: Phase 1

Neuromuscular control: Ability to produce controlled movement through coordinated muscle activity

- Minimize pain and swelling
- Restoring normal neuromuscular control at slower speeds
- Preventing scar tissue formation while protecting healing fibers
 from excessive lengthening







Hamstring rehabilitation guideline: Phase 2

- Increase intensity of exercise
- Neuromuscular training at faster speeds and amplitudes
- Start of eccentric resistance training





Hamstring rehabilitation guideline: Phase 3

- Progression to higher speed neuromuscular training
- Progression to eccentric resistance training in lengthened positions
- Consistent and progressive intensity of strength training





Rehabilitation progression guidelines

- Within pain-free limits
- Pain-free normal walking and slow jogging
- Pain-free range of motion
- or around 75% strength of uninjured side

(Hickey et al., 2017)





When can I start planning exercises for injured athletes?





Practical assessments and functional tests

1) Active Hamstring Test/ Askling Hamstring Test



2) Single Leg Hamstring Bridge Test: repetitions Poor: <20 Average: 25 Good: >30



3) Sport-related movements:

(With intensity and near maximal speed)





DYNAMIC FLEXIBILITY H-TEST BY ASKLING

The athlete is lying supine with the contralateral leg and the upper body fixed with a belt.

A knee braces ensures full extension of the tested knee (0°). No warm-up exercises!

Passive flexibility test where the clinician slowly raises the testing leg towards maximal hip flexion. Strong, but tolerable stretching in the hamstring muscle.

The active flexibility test consists of 1 practice trial (submaximal effort)3 consecutive test trials:The athlete performs a straight leg raise as fast as possible to the highest point without taking any risk.









The athlete is asked to estimate experience of insecurity and pain on a VAS-scale from 0 to 100.

(Askling et al 2010)

Patient label

HAMSTRING PROTOCOL Daily assessments

ASPETAR

س بیت

Injured leg: LEFT RIGHT No = no pain, P = pain, NA = not able, SLR = straight leg raise, MHFAKE = maximal hip flexion active knee extension, ° = degrees, kg = kilograms

| | / / 201_ D | ays Post: | / / 201_ D | ays Post: | / / 201_ D | ays Post: | / / 201_ D | ays Post: | / / 201_ D | ays Post: |
|-------------------------|-----------------|-------------------|------------------|---|-----------------|-------------------|------------------|-----------------|-----------------|-------------------|
| | Sign: | | Sign: | | Sign: | | Sign: | | Sign: | |
| | INJURED | UNINJURED | INJURED | UNINJURED | INJURED | UNINJURED | INJURED | UNINJURED | INJURED | UNINJURED |
| Self-reported readiness | 0 10 20 30 40 5 | 0 60 70 80 90 100 | 0 10 20 30 40 50 | 60 70 80 90 100 | 0 10 20 30 40 5 | 0 60 70 80 90 100 | 0 10 20 30 40 50 | 60 70 80 90 100 | 0 10 20 30 40 5 | 0 60 70 80 90 100 |
| Average pain today | VAS /10 | | VAS /10 | | VAS /10 | | VAS /10 | | VAS /10 | |
| Walking | NO P NA | | NO P NA | | No P NA | | NO P NA | | NO P NA | |
| Jogging | NO P NA | 1 | NO P NA | | No P NA | 1 | NO P NA | | NO P NA | |
| 2 leg squat x 3 | NO P NA | 1 | NO P NA | | No P NA | | NO P NA | | NO P NA | |
| 1 leg squat x 3 | NO P NA | | NO P NA | | No P NA | | NO P NA | | NO P NA | |
| Trunk flexion | NO P NA | | NO P NA | | No P NA | | NO P NA | | NO P NA | |
| Total palp. length: | cm P | | cm P | | cm P | | cm P | | cm P | |
| Mid range | kg P no | kg | kg P no | kg | kg P no | kg | kg P no | kg | kg P no | kg |
| Outer range | kg P no | kg | kg P no | kg | kg P no | kg | kg P no | kg | kg P no | kg |
| SLR | ° P no | • | ° P no | 0 | ° P no | • | ° P no | 0 | ° P no | • |
| MHFAKE | ° P no | ٥ | ° P no | 0 | ° P no | 0 | ° P no | 0 | ° P no | ٥ |
| Bent leg bridge 3x | NO P NA | | No P NA | | No P NA | | NO P NA | | NO P NA | |
| Straight leg bridge 3x | NO P NA | | NO P NA | | NO P NA | | NO P NA | | NO P NA | |
| Comments: | | | | | | | | | | |
| | / / 201_ D | ays Post: | / / 201_ D | ays Post: | / / 201_ D | ays Post: | / / 201_ D | ays Post: | / / 201_ D | ays Post: |
| | Sign: | | Sign: | | Sign: | | Sign: | | Sign: | |
| | INJURED | UNINJURED | INJURED | UNINJURED | INJURED | UNINJURED | INJURED | UNINJURED | INJURED | UNINJURED |
| Self-reported readiness | 0 10 20 30 40 5 | 0 60 70 80 90 100 | 0 10 20 30 40 5 | 0 60 70 80 90 100 | 0 10 20 30 40 5 | 0 60 70 80 90 100 | 0 10 20 30 40 50 | 60 70 80 90 100 | 0 10 20 30 40 5 | 0 60 70 80 90 100 |
| Average pain today | VAS /10 | | VAS /10 | | VAS /10 | | VAS /10 | | VAS /10 | |
| Walking | NO P NA | | NO P NA | | NO P NA | | NO P NA | | NO P NA | |
| Jogging | NO P NA | | No P NA | | No P NA | | NO P NA | | NO P NA | |
| 2 leg squat x 3 | No P NA | | No P NA | | No P NA | | No P NA | | NO P NA | |
| 1 leg squat x 3 | No P NA | | No P NA | | No P NA | | No P NA | | NO P NA | |
| Trunk flexion | No P NA | | No P NA | | No P NA | | No P NA | | No P NA | |
| Total palp. length: | cm P | | cm P | | cm P | | cm P | | cm P | |
| Mid range | kg P no | kg | kg P no | kg | kg P no | kg | kg P no | kg | kg P no | kg |
| Outer range | kg P no | kg | kg P no | kg | kg P no | kg | kg P no | kg ° | kg P no | kg |
| SLR | ° P no | • | ° P no | • | ° P no | • | ° P no | • | ° P no | • |
| MHFAKE | ° P no | Ŭ | ° P no | , i i i i i i i i i i i i i i i i i i i | ° P no | ° | ° P no | ° | ° P no | Ű |
| Bent leg bridge 3x | NO P NA | | NO P NA | | NO P NA | | NO P NA | | NO P NA | |
| Straight leg bridge 3x | NO P NA | | NO P NA | | NO P NA | | NO P NA | | NO P NA | |
| Comments: | | | | | | | | | | |



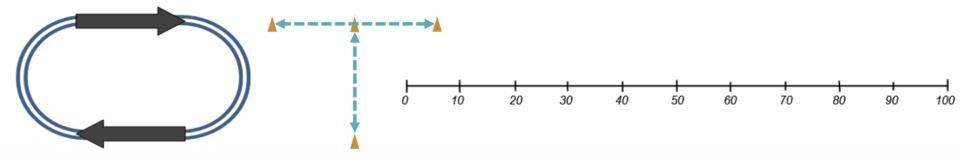
HAMSTRING PROTOCOL

Patient label

Running Progression

Leg injured: 🗖 LEFT 🗖 RIGHT

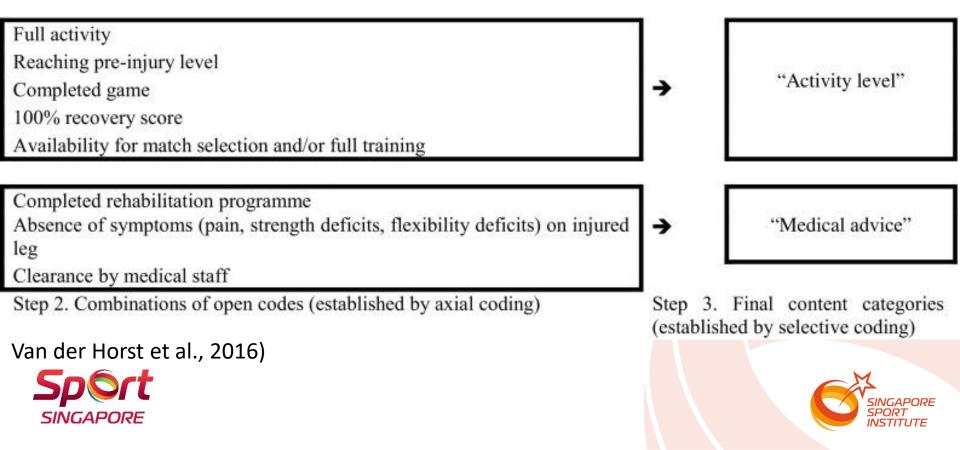
| WEEK: | | | Date Sign: | / | / 201_ | Date Sign: | / | / 201_ | Date Sign: | / | / 201_ | Date Sign: | / | / 201_ |
|-------|--|---------------|-------------------------------|--------------|----------|-------------------------------|--------------|----------|-------------------------------|--------------|----------|-------------------------------|--------------|-----------|-------------------------------|--------------|----------|-------------------------------|--------------|----------|-------------------------------|--------------|----------|
| STAGE | PREPARATION EXERCISES | SETS/ LAPS | Sets/ Laps | | | Sets/ Laps | | | Sets/ Laps | Best % n | | Sets/ Laps | | | Sets/ Laps | | | Sets/ Laps | | | Sets/ Laps | | |
| 2+3 | Triple Extension Walk High knee only (Each lap = 100m x2 | 3 x 1 | | | | | | | | | | | | | | | | | | | | | |
| 2+3 | "A" Drill High knee with "Kicks" (Each lap = 100m x2) | 3 X 1 | | | | | | | | | | | | | | | | | | | | | |
| | RUNNING ROGRESSION | SETS/ LAPS | Sets/ Laps | Best Time | % max | Sets/ Laps | Best Time | % max | Sets/ Laps | Best Time | % max | Sets/ Laps | Best Time | % max |
| 2+3 | Walk – Jog (10 -70%) Jog –Run (70 - 100%) | 3 x 4 | | | | | | | | | | | | | | | | | | | | | |
| 3 | Timing | | Set I: Set II: Set III: | | | Set I: Set II: Set III: | | • | Set I: Set II: Set III: | | | Set I: Set II: Set III: | | | Set I: Set II: Set III: | | | Set I: Set II: Set III: | | | Set I: Set II: Set III: | | |
| 3 | Modified T-Drill (70 – 100%) (≤ 11 sec.) | 3 x 1 | | | | | | | | | | | | | | | | | | | | | |
| | Timing | | Set I: Set II: Set III: | | | Set I: Set II: Set III: | | | Set I: Set II: Set III: | | | Set I: Set II: Set III: | | | Set I: Set II: Set III: | | | Set I: Set II: Set III: | | | Set I: Set II: Set III: | | |
| | Comments | | | | | | | | | | | | | | | | | | | | | | |
| | PROGRESSION | | | | | | | | on by 10% -rated), pr | | | 10%. At 90 | 0%, progr | ess by 5% | i. | | | | | | | | |



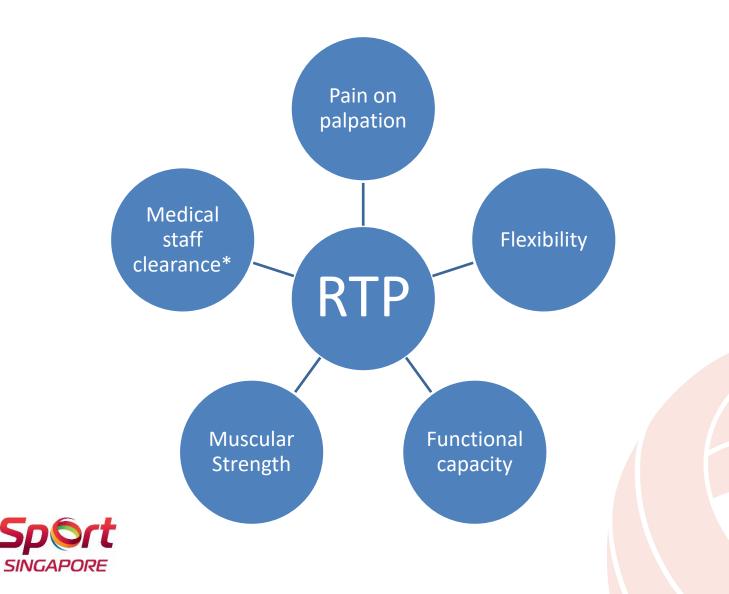
What is Return-To-Play (RTP)?

RTP is a multifactorial process of returning an injured athlete back to competition where risk of re-injury is minimized

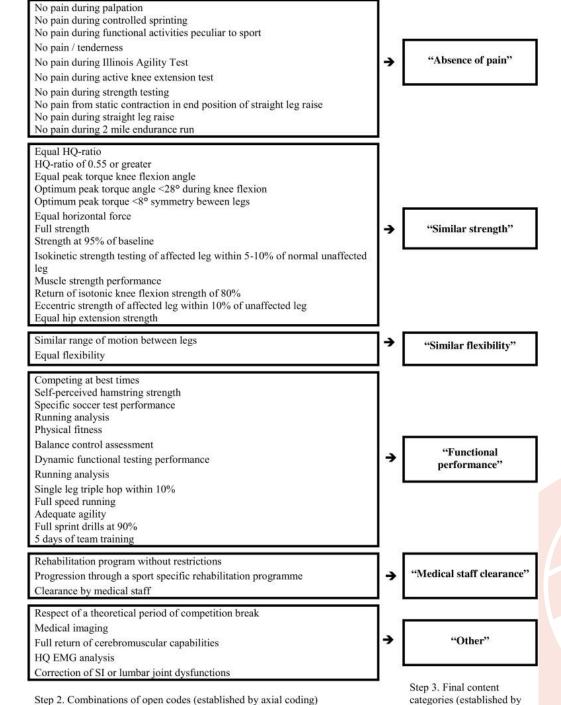
(Menta et al., 2016)



Return-To-Play (RTP): Factors to consider









selective coding)

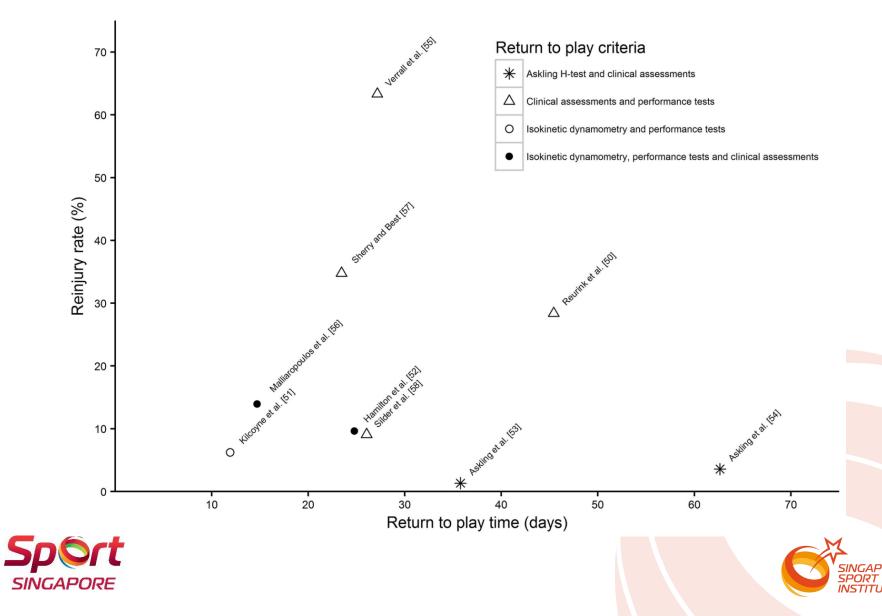
(Van der Horst et al., 2016)



| | Ranking | Return-to-play criteriaComplete pain reliefMuscle strength performanceSubjective feeling reported by the playerMuscle flexibility | | | | | | | |
|-----------------|---------|---|--|--|--|--|--|--|--|
| | 1 | | | | | | | | |
| | 2 | | | | | | | | |
| | 3 | | | | | | | | |
| | 4 | | | | | | | | |
| | 5 | Specific soccer test performance | | | | | | | |
| | 6 | Respect of a theoretical period of competition break | | | | | | | |
| | 7 | Running analysis | | | | | | | |
| | 8 | Physical fitness | | | | | | | |
| | 9 | Balance control assessment | | | | | | | |
| | 10 | Medical imaging | | | | | | | |
| | 11 | Dynamic functional testing performance | | | | | | | |
| Delvaux et al., | 12 | Correction of potential sacroiliac or lumbar joint dysfunction | | | | | | | |
| (2014) | 13 | Other | | | | | | | |
| SINGAPORE | 14 | Quadriceps – Hamstrings EMG analysis | | | | | | | |



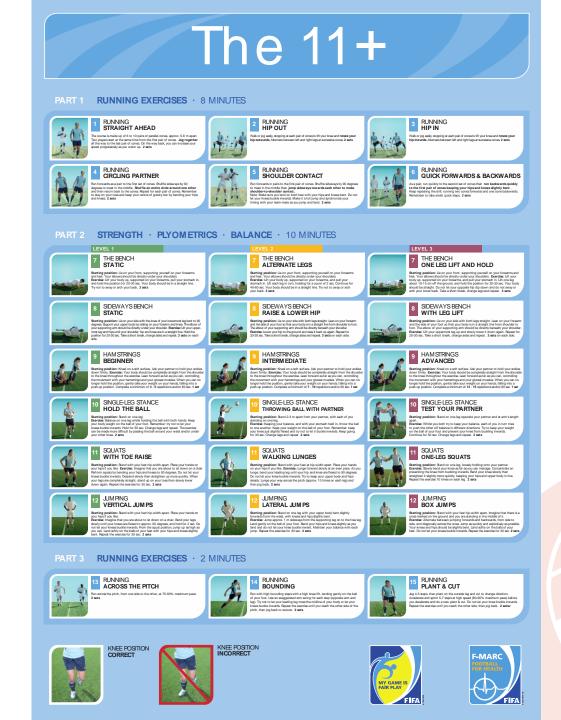
RTP times and re-injury rates



Bullet-proofing the Hamstrings: Practical strategies





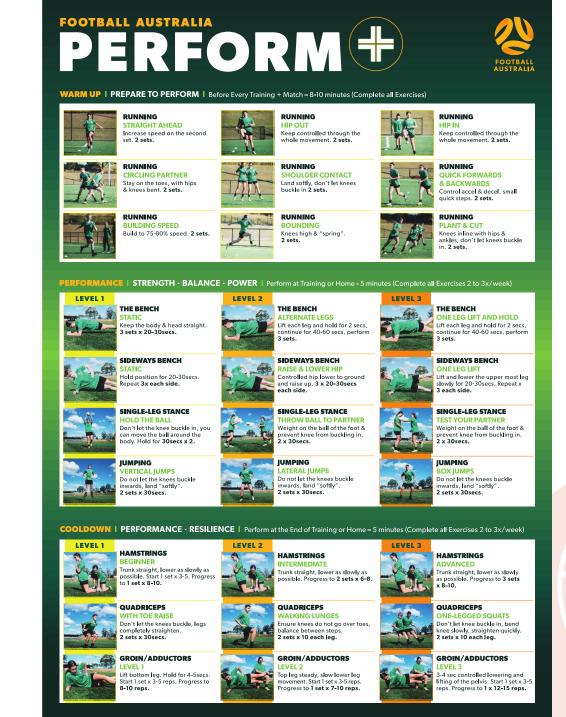


The FIFA11+ warm up program reduced injury risk in soccer players by 30%

ments/Injury%20prevention/fifa%2011.pdf https://www.sportsphysiotherapy.org.nz/ /docu











Training exercises: Rehabilitation/Prehabilitation



Training exercises: Advance









Warm up construction

Group 1: Swimming

Group 2: Basketball

Group 3: Volleyball

Group 4: Combat Sports (TKD/Wushu/Karate)

Group 5: Cricket

Group 6: Floorball/Hockey

Group 7: Racket sports





General warm-up/prehab template





References

- Sadigursky, D., Braid, J. A., De Lira, D. N. L., Machado, B. A. B., Carneiro, R. J. F., & Colavolpe, P. O. (2017). The FIFA 11+ injury prevention program for soccer players: a systematic review. *BMC sports science, medicine & rehabilitation*, *9*, 18. <u>https://doi.org/10.1186/s13102-017-0083-z</u>
- van der Horst, N., van de Hoef, S., Reurink, G., Huisstede, B., & Backx, F. (2016). Return to Play After Hamstring Injuries: A Qualitative Systematic Review of Definitions and Criteria. *Sports medicine (Auckland, N.Z.), 46*(6), 899– 912. <u>https://doi.org/10.1007/s40279-015-0468-7</u>
- Erickson, L. N., & Sherry, M. A. (2017). Rehabilitation and return to sport after hamstring strain injury. *Journal of sport and health science*, 6(3), 262–270. <u>https://doi.org/10.1016/j.jshs.2017.04.001</u>
- Hickey, J. T., Timmins, R. G., Maniar, N., Williams, M. D., & Opar, D. A. (2017). Criteria for Progressing Rehabilitation and Determining Return-to-Play Clearance Following Hamstring Strain Injury: A Systematic Review. *Sports medicine (Auckland, N.Z.), 47*(7), 1375–1387. <u>https://doi.org/10.1007/s40279-016-0667-x</u>
- Menta, R., & D'Angelo, K. (2016). Challenges surrounding return-to-play (RTP) for the sports clinician: a case highlighting the need for a thorough three-step RTP model. The Journal of the Canadian Chiropractic Association, 60(4), 311–321.
- <u>https://www.aspetar.com/aspetarfileupload/UploadCenter/636209313253275549_aspetar%20Hamstring%20Protocol.pdf</u>
- Delvaux, F., Rochcongar, P., Bruyère, O., Bourlet, G., Daniel, C., Diverse, P., Reginster, J. Y., & Croisier, J. L. (2014). Return-to-play criteria after hamstring injury: actual medicine practice in professional soccer teams. *Journal of sports science & medicine*, 13(3), 721–723.





Questions



