

# GLUTEAL TENDON ULTRASOUND GUIDED PERCUTANEOUS TENOTOMY (Tenex) CLINICAL CARE GUIDELINE

The ultrasound guided percutaneous tenotomy allows what was once major surgery to be performed quickly through a small incision. Although post-procedure care will be tailored to fit your individual needs, the following guidelines are designed to help you and your physical therapist after the procedure.

Progression is time and criterion-based, dependent on soft tissue healing, patient demographics and clinician evaluation. Contact Ohio State Sports Medicine at 614-293-2385 if questions arise.

## Things to Avoid Before and After Your Procedure

- Over-the-counter pain medicine like ibuprofen (Advil™, Motrin™), naproxen (Aleve™, Naprosyn™): Avoid for two weeks before and one week after your procedure. This class of medications may increase your risk of bleeding and also impair your ability to heal.
- Acetaminophen (Tylenol™) is ok to take for pre and post procedural pain.
- If you are taking aspirin (ASA) for cardiovascular benefit, please continue with this medication at the same dosage.
- There should be no need for narcotic pain medications after this procedure.
- Alcohol: Avoid 48 hours before your procedure. Do not consume alcohol while you are taking prescription pain medication.
- Tobacco & nicotine: Consider talking to your physician about stopping. These products impair your ability to heal and might reduce the beneficial effects of the procedure.
- Diet: You will need to fast overnight before the procedure. You may resume your regular diet when you feel able after the procedure.

## Make sure your medical team provides you with the following before or at your procedure:

- Crutches if needed
- Therapy appointment times
- Follow-up times

## Post-Operative Information

<b>Discomfort</b>	<ul style="list-style-type: none"><li>• Some pain after your procedure is expected for the first few weeks. Local anesthetic was used and this will begin to wear off about 8 hours after the procedure. Anticipate an increase in pain at this time and consider taking Acetaminophen (Tylenol) about 6 hours after the procedure to stay ahead of your pain.</li><li>• Use an ice pack on the painful area for 15 minutes as needed; in the first 2-3 days consider icing 3 times daily.</li><li>• If you are concerned about your pain, please contact your care team.</li></ul>
<b>Bandage</b>	<ul style="list-style-type: none"><li>• If a bandage / dressing was applied, remove dressing after 24-48 hours. Replace with simple bandage.</li><li>• Sterile strip bandages can be removed when they begin peeling off or after 7 days. You can also trim the edges off with clean scissors. Keep procedure area clean and dry for 1 week after the procedure until your doctor has seen you for your wound check.</li></ul>



<b>Bathing</b>	<ul style="list-style-type: none"> <li>Do not soak/submerge the treatment area in water for 1 week. Showering is OK, but keep incision site covered for the first week.</li> </ul>
<b>Follow-Up Appointment</b>	<ul style="list-style-type: none"> <li>You will be scheduled for follow-up appointments approximately 1 week, 1 month and 3 months after your procedure.</li> </ul>
<b>When to call your Provider</b>	<ul style="list-style-type: none"> <li>If you notice increasing redness, warmth, pain, fever, drainage from the wound or other problems that concern you, call Ohio State Sports Medicine (614-293-3600) during normal clinic hours. Otherwise seek care at your local emergency room.</li> </ul>

## Post-operative Gluteal Tendon Care Timeline

Your Rehabilitation will follow these basic principles:

**Phase 1: Inflammation:** 3 - 5 days after procedure, sometimes lasting up to 2 weeks.

Purpose: localize and eliminate damaged tissue so that the body can heal. Pain control and tissue protection

Response: Increase in blood flow, permeability of blood vessels, migration of fluid proteins and white blood cells.

**Phase 2: Proliferation:** 1-4 weeks after procedure, sometimes lasting up to 8 weeks.

Purpose: PDGF recruit fibroblasts, synthesize collagen to begin to repair tissue. Controlled loading of the tendon and mechanical stimulation

Response: Davis Law: soft tissue heals according to the manner in which they are being stressed. Rest is contraindicated in this phase.

**Phase 3: Remodeling:** 1 -3 months after procedure.

Purpose: Remodeling, strengthening, improve cellular organization.

Response: Increased organization of collagen. Tissue and scar maturation.

Please understand that this treatment is not a “quick fix” like a cortisone injection but rather we are trying to cause long term healing of the tendon. Anticipate that it may take up to 3 months to experience improvement in your symptoms.

<b>Day of your procedure</b>	<ul style="list-style-type: none"> <li>Plan to have a family member or friend drive you home after your procedure.</li> <li>Bring your crutches to your appointment if they were given to you at an earlier time.</li> </ul>	
	<b>Weight Bearing</b>	<b>Activity and Rehab</b>
<b>Days 1-3</b>	<ul style="list-style-type: none"> <li>Toe-touch weight bearing with crutches if needed</li> </ul>	<ul style="list-style-type: none"> <li>Rest.</li> <li>Begin gentle active hip range of motion exercises several times per day.</li> </ul>
<b>Days 4-6</b>	<ul style="list-style-type: none"> <li>Transition to partial weight-bearing using crutches placing 50% of your body weight on your treated leg.</li> </ul>	<ul style="list-style-type: none"> <li>Continue with gentle active range of motion exercises.</li> <li>Begin isometric strengthening with quad sets and glute squeezes 3 times per day.</li> </ul>
<b>Progression 1 (weeks 1-3)</b>	<ul style="list-style-type: none"> <li>Begin weaning off the crutches and weight bear as tolerated.</li> </ul>	<ul style="list-style-type: none"> <li>Continue progressing hip range of motion as needed.</li> <li>Initiate gentle stretching with emphasis on the quads, hip flexors and hamstrings as needed.</li> </ul>



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		<ul style="list-style-type: none"> <li>• Progress isometrics and initiate isotonic hip strengthening with emphasis on low weight and high reps including straight leg raises, clam shells and planks.</li> <li>• May initiate swimming and pool exercises once the wound is healed.</li> <li>• May initiate soft tissue mobilization at 2 weeks.</li> </ul>
<b>Criteria to Progress to Progression 2</b>	<ul style="list-style-type: none"> <li>• Full AROM</li> <li>• Normalized gait pattern without AD</li> <li>• No reactive pain &gt;24 hours</li> </ul>	
<b>Progression 2 (weeks 3-6)</b>		<ul style="list-style-type: none"> <li>• Progress open chain hip strengthening per tolerance.</li> <li>• Initiate closed chain strengthening such as squat and bridge progressions (DL to SL).</li> <li>• Initiate balance exercises like single-leg stance.</li> <li>• May begin low impact aerobic exercise (stationary bike, walking, elliptical) with no incline and low resistance.</li> </ul>
<b>Criteria to Progress to Progression 3</b>	<ul style="list-style-type: none"> <li>• No reactive pain &gt;24 hours</li> </ul>	
<b>Progression 3 (weeks 6-12)</b>		<ul style="list-style-type: none"> <li>• Continue to progress strength and balance exercises.</li> <li>• Can initiate plyometrics and sport-specific exercises (start with PWB on the shuttle to FWB)</li> <li>• Increase intensity of low impact aerobic activity (biking, swimming, elliptical, walking).</li> <li>• If minimal reactive pain with the above (&lt;3/10) can initiate return-to-running program if appropriate.</li> </ul>
<b>Criteria to Progress to Unrestricted Activity</b>	<ul style="list-style-type: none"> <li>• Pain free ROM</li> <li>• 5/5 MMT</li> <li>• No reactive pain</li> <li>• Good dynamic control in multi-plane activities</li> <li>• Physician approval</li> </ul>	

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## References

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