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

**Discomfort**
- 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.
- Use an ice pack on the painful area for 15 minutes as needed; in the first 2-3 days consider icing 3 times daily.
- If you are concerned about your pain, please contact your care team.

**Bandage**
- If a bandage / dressing was applied, remove dressing after 24-48 hours. Replace with simple bandage.
- 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.
Bathing
- Do not soak/submerge the treatment area in water for 1 week. Showering is OK, but keep incision site covered for the first week.

Follow-Up Appointment
- You will be scheduled for follow-up appointments approximately 1 week, 1 month and 3 months after your procedure.

When to call your Provider
- 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.

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.

<table>
<thead>
<tr>
<th>Day of your procedure</th>
<th>Weight Bearing</th>
<th>Activity and Rehab</th>
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<tbody>
<tr>
<td>Days 1-3</td>
<td>Toe-touch weight bearing with crutches if needed</td>
<td>Rest.</td>
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<td>Begin gentle active hip range of motion exercises several times per day.</td>
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<tr>
<td>Days 4-6</td>
<td>Transition to partial weight-bearing using crutches placing 50% of your body weight on your treated leg.</td>
<td>Continue with gentle active range of motion exercises.</td>
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<td>Begin isometric strengthening with quad sets and glute squeezes 3 times per day.</td>
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<tr>
<td>Progression 1 (weeks 1-3)</td>
<td>Begin weaning off the crutches and weight bear as tolerated.</td>
<td>Continue progressing hip range of motion as needed.</td>
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<td>Initiate gentle stretching with emphasis on the quads, hip flexors and hamstrings as needed.</td>
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Day of your procedure
- Plan to have a family member or friend drive you home after your procedure.
- Bring your crutches to your appointment if they were given to you at an earlier time.
### Criteria to Progress to Progression 2
- Full AROM
- Normalized gait pattern without AD
- No reactive pain >24 hours

### Progression 2 (weeks 3-6)
- Progress open chain hip strengthening per tolerance.
- Initiate closed chain strengthening such as squat and bridge progressions (DL to SL).
- Initiate balance exercises like single-leg stance.
- May begin low impact aerobic exercise (stationary bike, walking, elliptical) with no incline and low resistance.

### Criteria to Progress to Progression 3
- No reactive pain >24 hours

### Progression 3 (weeks 6-12)
- Continue to progress strength and balance exercises.
- Can initiate plyometrics and sport-specific exercises (start with PWB on the shuttle to FWB)
- Increase intensity of low impact aerobic activity (biking, swimming, elliptical, walking).
- If minimal reactive pain with the above (<3/10) can initiate return-to-running program if appropriate.

### Criteria to Progress to Unrestricted Activity
- Pain free ROM
- 5/5 MMT
- No reactive pain
- Good dynamic control in multi-plane activities
- Physician approval

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**References**


