HAMSTRING TENDON ULTRASOUND GUIDED PERCUTANEOUS TENOTOMY (TENEX) CLINICAL CARE GUIDELINE

Background

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.

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. Your physician may also amend or adjust these treatments as they deem necessary

Disclaimer

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

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Over-the- counter pain medicine	 Over-the-counter pain medicine like ibuprofen (Advil™, Motrin™), naproxen (Aleve™, Naprosyn™). Please avoid these medications for two weeks before and one week after your procedure. They may impair your ability to heal and may increase risk of bleeding Acetaminophen (Tylenol™) is ok to take for pain after the procedure. If you are taking aspirin (ASA) for cardiovascular benefit, please continue with the same dosage. There should be no need for narcotic pain medication. 	
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. After your procedure, you may eat normal meals resume your regular diet when you feel able	

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

- 1. Crutches
- 2. Therapy appointment times (initial evaluation appointment only. Further rehabilitation appointments will be scheduled in PT department at time of initial evaluation)
- 3. Follow-up times: You will need to see your physician approximately one week, one month and three months after the procedure.



Post-procedure Information

- Plan to have a family member or friend drive you home after your procedure.
- Bring crutches to your procedure if they were given to you

Crutches	Do not drive while using crutches if your RIGHT side was injected
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	 A bandage / dressing was applied. It is ok to remove dressing after 24-48 hours. Replace with simple bandage
Bathing	It is OK to bathe 24 hours after the procedure
Follow-Up Appointment	You will be scheduled for follow-up appointments at 1 week, 1 month, and 3 months
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-Procedural Hamstring 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

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.

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 these treatments are not "quick fixes" like cortisone injections but rather we are trying to cause long term healing of the hamstring. Anticipate that it may take up to 3 months to experience the improvements in your symptoms.



	Weight Bearing	Activity and Rehab		
Day of your procedure	 Continue use of crutches Weight bearing: non-weight bearing unless otherwise instructed 	 Protect your hamstring by resting. Ice application as directed above for 15 minutes to decrease pain 		
Days 2-3	Begin partial weight-bearing with crutch use	 Begin gentle range of motion to increase hip flexion. Begin isometric strengthening with quad sets and glute squeezes 3 times per day. 		
Days 4-7	Under the direction of your physical therapist, begin weaning off of the crutches.	 Continue increasing hip flexion. Continue quad sets and begin straight leg raises, reverse straight leg raises and heel slides. Incorporate core stability exercises like planks. Start swimming & pool exercise when the wound is healed. 		
Criteria to Progress to Progression 2		No reactive pain with weight-bearing No reactive symptoms >24 hours. Full AROM		
Progression 2 (2-4 weeks)	Under the direction of your physical therapist, begin increasing walking distances at home and in the community as tolerated	 Add hamstring stretching in standing (forward folds) and supine 90/90 as tolerated Begin hamstring specific isometric progressions in prone or supine at 10/30/60/90 degrees of knee flexion Begin at 50% effort and progress as tolerated 5 sets building up from 5 seconds to 30 seconds per round 2-3 times per day May begin manual (joint and soft tissue) interventions 2 weeks from surgical date. 		
Criteria to Progress to Progression 3	Can ambulate in community for	No reactive pain or swelling >24 hours Can ambulate in community for a full day with minimal reactive pain/effusion No pain with MMT of the hamstrings in prone at 90, 60, and 30 degrees of knee flexion		
Progression 3: (4 weeks)	Full weight-bearing	 Begin isotonic strengthening interventions Resisted hamstring curls, ball hamstring curls, and RDLs Squats, lunges, and lateral hip strengthening as tolerated Progress to eccentric exercises when appropriate Eccentric hamstring curls, RDLs, and ball curls SL bridge slide outs Nordic hamstring curls Askling's glides 		



No reactive pain with exercises >24 hours Criteria to Muscle soreness no longer than 48 hours with eccentric loading progression Progress to Isokinetic testing with LSI <20% for hamstrings at both 60 deg/s and 300 deg/s **Progression 4:** Initiate explosive hamstring contractions **Progression 4:** Tantrums, rapid eccentrics, alternating explosive SL bridge alternations with legs Dynamic effort, elevated Running Initiate walk/jog progression Progression Progress to sprinting and high-level activity as tolerated once jog progression is complete

For Therapists Only

- All strength work should be performed every other day, 2-3 sets of each exercise to fatigue without reactive pain in progression 1-2
- Manual therapy may begin 2 weeks after the procedure date.
- Stretching should be performed daily.
- Consider patient goals and needs when determining rehabilitation progression speed and intensity.

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