

# HAMSTRING TENDON ULTRASOUND GUIDED PERCUTANEOUS TENOTOMY CLINICAL PRACTICE 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™) and acetaminophen (Tylenol™): Avoid 1 week before and 1 month after your 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 prevent you from getting better.
- Diet: There is no need to fast before the procedure. You may eat normal meals before your procedure and resume your regular diet when you feel able.

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

- Crutches
- Therapy appointment times
- Follow-up times (approximately 2 weeks and 6 weeks after your procedure)

## Post-procedure Care

### Days 1-3

- Plan to have a family member or friend drive you home after your procedure.
- Bring your crutches to your procedure if they were given to you.
- Weight-bearing: Toe-touch weight bearing with crutches.
- Activity & Rehab: Rest to minimize tendon irritation.

	Weight Bearing	Activity and Rehab
<b>Progression 1</b>	<ul style="list-style-type: none"> <li>• Transition to partial weight-bearing using crutches. Some discomfort is normal. The “rule of thumb” is that discomfort should calm down by the next morning.</li> </ul>	<ul style="list-style-type: none"> <li>• Begin gentle range of motion to increase hip flexion. Begin isometric strengthening with quad sets and glute squeezes 3 times per day.</li> <li>• Manual Therapy: May use soft tissue mobilizations around incision, avoiding direct pressure throughout progressions.</li> </ul>



	<b>Weight Bearing</b>	<b>Activity and Rehab</b>
<b>Progression 2</b>	<ul style="list-style-type: none"> <li>Under the direction of your therapist, begin weaning off the crutches. First, walk without crutches in your home. In the community, continue partial weight bearing with crutches. The “rule of thumb” is that discomfort should calm down by the next morning.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>You can start swimming &amp; pool exercise when the wound is healed.</li> </ul>
<b>Progression 3</b>	<ul style="list-style-type: none"> <li>Under the direction of your therapist, walk normally in your home and community.</li> </ul>	<ul style="list-style-type: none"> <li>Continue hip range of motion and add gentle hamstring stretching. Begin active knee flexion and hip extension strengthening (first just using the weight of your leg, then add resistance as tolerated). Begin balance exercises like single-leg stance.</li> </ul>
<b>Progression 4</b>		<ul style="list-style-type: none"> <li>Continue hip range of motion and stretching. Increase the intensity of strengthening exercises and begin more complex movements like double and single leg hip bridge and bridge walk outs. You may begin low impact aerobic exercise (e.g., walking, elliptical machine) with no incline and low resistance at first.</li> </ul>
<b>Progression 5</b>		<ul style="list-style-type: none"> <li>Progress intensity of strengthening exercises. Begin exercises like split squats and single leg deadlifts. Perform hip bridges on a physioball. Gradually increase intensity of low impact aerobic exercise (e.g., biking, swimming, elliptical, walking).</li> </ul>
<b>Progression 6</b>		<ul style="list-style-type: none"> <li>Progress strength exercises as directed by your care team. Continue to increase intensity of low impact aerobic exercise, but no running.</li> </ul>
<b>Progression 7</b>		<ul style="list-style-type: none"> <li>Once you are working hard at the activities above without pain, progress to higher impact activities (like jogging, running, sprinting &amp; jumping) as directed by your care team.</li> </ul>

### **Discomfort**

Some pain after your procedure is expected for the first few weeks. Use an ice pack on the painful area for 15 minutes as needed; in the first 2-3 days consider icing 3 times daily.

### **Dressing**

- If a dressing was placed by the care team, 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. Keep bandages and procedure area clean and dry.

### **Bathing**

Do not soak/submerge hip in water for 1 week. Showering is OK.

### **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. Otherwise, seek care at your local emergency room.