

PATELLAR / QUADRICEPS 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
- Knee brace, if deemed necessary
- Therapy appointment times
- Follow-up times (approximately 2 weeks and 6 weeks after your procedure)

Post-procedure Care

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| Days 1-3 | <ul style="list-style-type: none"> • Plan to have a family member or friend drive you home after your procedure. • Bring your crutches and brace to your procedure if they were given to you. • Weight-bearing: Toe-touch weight bearing with crutches. If you were given a brace, wear it to protect the tendon. • Activity & Rehab: Rest and keep leg elevated to reduce swelling. |
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	Weight Bearing	Activity and Rehab
Progression 1	<ul style="list-style-type: none"> • Transition to partial weight-bearing using crutches and discontinue using the brace. Some discomfort is normal. The “rule of thumb” is that discomfort should calm down by the next morning. 	<ul style="list-style-type: none"> • Begin gentle range of motion to increase knee flexion. Begin heel slides and isometric strengthening with quad sets 3 times per day. • Manual Therapy: May use soft tissue mobilizations around incision, avoiding direct pressure throughout progressions.

Progression 2	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Continue increasing knee flexion and begin using a stationary bike to improve range of motion; use your untreated leg to pedal and let the treated leg go along for the ride. Continue quad sets and begin straight leg raises. You can start swimming & pool exercise when the wound is healed.
Progression 3	<ul style="list-style-type: none"> Under the direction of your therapist, walk normally in your home and community. 	<ul style="list-style-type: none"> Continue knee range of motion and add gentle quadriceps stretching. Begin active, unweighted knee extensions. Begin balance exercises like single-leg stance.
Progression 4	.	<ul style="list-style-type: none"> Continue knee range of motion and stretching. Progress strengthening exercises, using a leg press first then add body weight mini-squats. Increase intensity of the stationary bike to build strength, pedaling equally with both legs
Progression 5		<ul style="list-style-type: none"> Progress intensity of strengthening exercises as directed by your care team. Once you are walking normally in your home and community, you may use an elliptical machine (no incline and low resistance at first) and increase walking pace for aerobic exercise.
Progression 6		<ul style="list-style-type: none"> Continue to progress strengthening exercises as directed by your care team. Gradually increase the intensity of biking, swimming, elliptical or fast/incline walking.
Progression 7		<ul style="list-style-type: none"> Once you are working hard at the activities above without pain, progress to higher impact activities (like jogging, running, sprinting & jumping) as directed by your care team.

Bracing

If your care team gave you a knee brace, wear it for the first 3 days after your procedure.

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. In some circumstances your care team may prescribe pain medicine.

Dressing

- Remove dressing after 24-48 hours. Replace with simple bandage.
- Keep compression sleeve on for 2 days. It should be snug, but not tight.
- 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 knee 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.