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GLUTEAL TENDON ULTRASOUND GUIDED PERCUTANEOUS FASCIOTOMY/PRP INJECTION

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 my office at the number above 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.**
- **If you plan to have sedation you will need to fast – nothing to eat or drink 8 hours before the procedure. You will need a driver to take you home.**
- 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.

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

- Crutches or a scooter may or may not be ordered for you – check with care team.
- Therapy appointment times if needed.
- Follow up appointment with Dr. Jondy – approximately 2-6 weeks after your procedure.
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Post-procedure Care:

Day of your procedure:

- Plan to have family member or friend drive you home after your procedure.
- Bring your crutches or scooter to your procedure (if one was ordered)

Days 1-3:

- Weight bearing: Toe-touch weight bearing with crutches.
- Activity/Rehab: Rest

Days 4-7:

- Weight bearing: Transition to partial weight-bearing using crutches, placing 50% of your body weight on your treated leg.

Post procedure care cont'd:

Days 4-7:

- **Activity/Rehab:** Begin gentle hip range of motion. Begin isometric strengthening with quad sets and glute squeezes 3 times per day. Continue ankle range of motion. Perform isometric and ankle strengthening and toe crunches 1-2 times per day.

Week 2:

- **Weight bearing:** Under the direction of your therapist, begin weaning off the crutches as tolerated.
- **Activity/Rehab:** Continue increasing hip range of motion. Perform straight leg raises, hip abduction exercises like clam shells and core stability exercises like planks 1-2 times per day. You can start swimming and pool exercises when the wound is healed.

Weeks 3:

- **Weight bearing:** You should be walking normally in your home and in the community.
- **Activity/Rehab:** Continue hip range of motion. Progress hip abduction strengthening and begin body-weight mini-squats 1-2 times per day. Begin using a stationary bike for exercise.

Week 4:

- **Activity/Rehab:** Increase the intensity of strengthening exercises and begin more complex movements like squats, hip bridges, and bridge walk-outs. Begin balance exercises like single leg stance. You may begin low impact aerobic exercises (walking, elliptical machine) with no incline and low resistance. Progress as you can tolerate under the guidance of your care team.

Week 5:

- **Activity/Rehab:** Progress intensity of strengthening exercises and balance exercises. Increase intensity of low impact aerobic exercises (biking, swimming, elliptical, and walking).

Week 6:

- **Activity/Rehab:** Progress strength exercises as directed by your care team. Continue to increase intensity of low impact aerobic exercises, but not running.

Week 7:

- **Activity Rehab:** Once you are working hard at the activities above without pain, progress to higher impact activities (like jogging, running sprinting, and jumping as directed by your care team. For runners, begin using the anti-gravity treadmill.

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. If you are concerned about our pain, please contact your provider.

Dressing: If a dressing was placed on you, remove it after 24-48 hours. Replace with simple bandage. Sterile strip bandages can be removed when they begin peeling off or after 7days. Keep bandages and procedure area clean and dry.

Bathing: Do not soak or submerge the shoulder 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. If provider unavailable, seek care at your local emergency room.

For Therapists Only:

All strength work should be performed every other day, 2-3 sets of each exercise to fatigue without reactive pain. Manual work may begin 2 weeks after the procedure date.