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HAMSTRING TENDON ULTRASOUND GUIDED PERCUTANEOUS TENOTOMY

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– if deemed necessary. Check with your staff.
- Therapy appointment times if needed.
- Follow up appointment with Dr. Jondy – approximately 2-6 weeks after your procedure.

Post-procedure Care:

Days 1-3:

- Plan to have 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.

Progression 1:

- Weight bearing: 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.

Post procedure care cont'd:

- Activity/Rehab: Begin gentle range of motion to increase hip flexion. Begin isometric strengthening with quad sets and glute squeezes 3 times per day. Manual therapy: May use soft tissue mobilizations around incision, avoiding direct pressure throughout progressions.

Progression 2:

- Weight bearing: Under 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.
- Activity/Rehab: 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. You can start swimming and pool exercise when the wound is healed.

Progression 3:

- Weight bearing: Under the direction of your therapist, walk normally in your home and community.
- Activity/Rehab: 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.

Progression 4:

- Activity/Rehab: 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 exercises (like walking, elliptical machine) with no incline and low resistance at first.

Progression 5:

- Activity/Rehab: progress intensity of strengthening exercises. Begin exercises like split squats and single leg deadlifts. Perform hip bridge on a physioball. Gradually increase intensity of low impact aerobic exercise (biking, swimming, elliptical, walking).

Progression 6:

- Activity/Rehab: Progress strength exercises as directed by your care team. Continue to increase intensity of low impact aerobic exercises but no running.

Progression 7:

Activity/Rehab: 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.

Discomfort:

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

Dressing:

- Remove it after 24-48 hours. Replace with a 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.