

Board Certified Sports Medicine

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**PATELLAR/QUADRICEPS 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 your 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/knee brace – 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 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.

Progression 1:

- Weight bearing: Transition to partial weight bearing using crutches and discontinue the brace. 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 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:

- 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 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.

Progression 3:

- Weight bearing: Under the direction of your therapist, walk normally in your home and community.
- Activity/Rehab: Continue knee range of motion and add gentle quadriceps stretching. Begin active, unweighted knee extensions. Begin balance exercises like single-leg stance.

Progression 4:

- Activity/Rehab: 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:

- Activity/Rehab: 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:

- Activity/Rehab: 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:

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.

Orthotics/Braces:

If you were given a knee brace, wear it for the first 3 days after our procedure.

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. Your care team may prescribe pain medication.

Dressing:

- Remove it after 24-48 hours. Replace with a 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 7days. Keep bandages and wound 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.