



**ORTHOPEDICS &
SPORTS MEDICINE**
BAYCARE CLINIC®

Dr. Woods

Gluteal Tendon Ultrasound Guided Percutaneous Tenotomy

Phase 1- Early Protective Phase Week 1 (Days 1-7)

Goals for Phase 1

- Minimize swelling
- Rest to minimize tendon irritation
- Partial weight bearing using crutches

Criteria for Progression to Phase 2

- Minimal pain with AROM/PROM
- Be able to complete partial weight bearing ambulation using crutches

Post-Procedure Care

- Plan to have a family member or friend drive you home after your procedure.
- Bring your crutches to your procedure

Weight Bearing

- Non-WB for 3 days post op then may transition to partial weight bearing using crutches. (Some discomfort is normal, but walking should not make pain worse).

PROM/AROM

- May begin gentle hip range of motion on day 4. Perform 3x/day.

Manual Therapy

- No STM with hands or IASTM until 6 weeks Post Op.

Strengthening

- Initiate quad sets and glute squeezes. Perform 3x/day.

Gait Training

- Partial weight bearing using crutches.

Modalities

- Ice and elevate leg as needed to reduce swelling.



Phase 2 – Intermediate Phase Weeks 2 (Days 8-14)

Goals for Phase 2

- Minimize swelling
- WBAT with crutches

Criteria for Progression to Phase 3

- Able to walk with normal walking stride and minimal discomfort with crutches

Weight bearing

- Continue partial weight bearing.

PROM/AROM

- Continue increasing hip range of motion.

Manual Therapy

- No STM with hands or IASTM until 8 weeks Post Op.

Strengthening

- Continue quad sets.
- Initiate straight leg raises and body-weight hip abduction exercises (i.e. clam shells).
- Initiate core stability exercises (i.e. planks).

Gait Training

- Focus on normal walking stride.

Aquatics

- May begin swimming and pool exercise when the wound is healed.

Modalities

- Ice and elevate leg as needed to reduce swelling.



Phase 3- Intermediate Phase Weeks 3-5

Goals for Phase 3

- Minimize swelling
- Progressive weight bearing

Criteria for Progression to Phase 4

- WBAT with minimal discomfort
- Able to perform normal gait pattern on level surfaces

Weight Bearing

- WBAT in home without crutches, PWB with crutches in the community.
- WBAT at home and in community after week 4.

PROM/AROM

- Continue hip range of motion and stretching.
- Initiate active knee flexion (week 4).

Manual Therapy

- No STM with hands or IASTM until 8 weeks Post Op.

Strengthening

- Week 3: progress hip abduction strengthening (i.e. body-weight mini-squats).
- Week 4: Initiate more complex movements (i.e. squats, hip bridges, bridge walk outs).
- Week 5: progress strength exercises (i.e. split squats, single-leg mini-squats, hip bridges on stability ball).

Proprioception

- Initiate balance exercises (i.e. SLS).

Modalities

- Ice and elevate leg as needed to reduce swelling.

Cardiovascular

- Week 3: May begin stationary bike at low intensity and progress as able.
- Week 4: May begin low impact aerobic exercise (i.e. walking, elliptical machine with no incline and low resistance).
- Week 5: may increase intensity of low impact aerobic exercise (i.e. biking, swimming, elliptical, walking).



Phase 4 – Return to Function Weeks 6-12

Goals for Phase 4

- Return to function
- Return to work or sport
- Maintain full pain free range of motion

Criteria for Return to Work, Function, Sport

- No pain
- Full ROM
- Strength 5/5
- If patient is looking to return to sports patient should complete return sport testing at Aurora BayCare Sports Medicine and meet the tested criteria with <10% side to side difference in all testing

Other Considerations

- Patient should have a gradual return to activity plan – work with your Therapist and Doctor to develop this plan
- Return to high impact activities is typically ≥ 12 weeks based on the recommendations of your care team and individual progression through rehabilitation

Weight Bearing

- Weight bearing as tolerated.

Manual Therapy

- May begin soft tissue work 6 weeks post op from procedure. Includes hands on and IASTM.

Strengthening

- Progress strengthening as directed by your care team.

Modalities

- Ice and elevate foot as needed to reduce swelling.

Cardiovascular

- Increase low impact aerobic exercises, NO Running.

Work Related Activities

- Resume normal work activities as tolerated.

Sport Related Activities

- 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.



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The ultrasound guided percutaneous tenotomy procedure 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 therapist after the procedure.

Things to Avoid Before and After Your Procedure

- Anti-inflammatory medicine like ibuprofen (Advil™, Motrin™) and naproxen (Aleve™, Naprosyn™): Avoid 1 week before and 2 weeks 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 reduce the beneficial effects of the procedure.
- 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. A well-balanced diet will promote healing. If you are interested in more details, we can arrange a consultation with our dietician.

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. If you are concerned about your pain, please contact your care team.

Dressing

- 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 healing area in water for 1 week. Showering is OK.

Follow-up Appointment

You will be scheduled for follow-up appointments approximately 2 weeks and 6 weeks after your procedure. In some circumstances, a care team member may follow-up with you over the telephone or electronically. If you have questions about your appointments, call office during normal clinic hours.

When to Call your Provider

If you notice increasing redness, warmth, pain, fever, drainage from the wound or other problems that concern you, call office during normal clinic hours. Otherwise seek care at your local emergency room.