



Post PRP (Osteoarthritis)

Phase 1 (Days 1-2)

Goals for Phase 1

- Minimize pain
- Minimize edema
- Improve ROM

Weight Bearing/Gait

- WBAT for lower extremity
- Lower limb procedure - Minimal walking for the first 2 days
- Upper limb procedure – no vigorous exercise or lifting >5 lbs

Edema control

- Ice, compress, elevate multiple times a day (0-2 weeks).
- Continue edema control measures (ice, compress, elevate)

Criteria for Progression to Phase 2

- Controlled pain
- Controlled edema

PROM-AAROM-AROM

- Perform multiple times per day PROM-AAROM-AROM
- AAROM-AROM as tolerated

Strengthening

- Begin multi-planar isometric strengthening exercises

Manual Therapy

- Pain dominant joint mobilizations (Grades I-II)



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Phase 2 (Days 3-7)

Goals for Phase 2

- Full pain free ROM
- Improve strength

Weight Bearing/Gait

- Continue WBAT.
- Lower limb procedure – resume normal walking
- Upper limb procedure – resume daily activities

PROM/AROM:

- Full AROM with no restriction.
- Continue passive stretching.
- End range stretching.

Criteria for Progression to Phase 3

- Full ROM
- Controlled pain
- No compensatory movement patterns
- Strength > 4/5

Manual Therapy

- Stiffness dominant joint mobilizations as needed (Grades III-IV).

Strengthening

- Begin light isotonic strengthening exercises.
- Sub-body weight closed chain strengthening exercises for the upper extremity (Wall press outs, countertop press outs, etc.).
- Core strengthening exercises.
- May begin moderate-intensity non-impact exercise (walking, cycling, swimming, elliptical)

Modalities

- Ice as needed to manage soreness.



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Phase 3 (Days 8+)

Goals for phase 3

- Return to function
- Return to work or sport
- Resume full activity

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.

Strengthening

- Continue strengthening exercises, with progression when appropriate; scapular, shoulder, and elbow for the upper extremity; hip, knee, and ankle for the lower extremity; core; open and closed chain.

Work Related Activities

- Gradually resume normal work activities.
- Gradually resume regular exercise program.

Proprioception

- Unstable and single leg balance progression.

Modalities

- Ice as needed to manage soreness.



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Things to Avoid Before and After your Procedure

- Ant 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 medications.
- Tobacco and 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 your 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 a 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.
- Keep ACE wrap or compression sleeve on ankle for 2 days. It should be snug, but not tight. If you see swelling in your toes, the compression is too 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 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.