



## **Post PRP (Tendon/Ligament)**

### **Phase 1 (0-4 weeks)**

#### **Goals for Phase 1**

- Minimize pain
- Minimize edema
- Improve ROM

#### **Criteria for Progression to Phase 2**

- Controlled pain
- Controlled edema

#### **Sling/Knee Immobilizer**

- Weeks 0-2: Upper limb for 2 days. After 2 days, as needed for elbow/shoulder.
- Occasional knee immobilizer may be prescribed.

#### **Weight Bearing**

- 2 days non-weight bearing lower limb.
- Progress to weight bearing as tolerated in boot for foot/Achilles; partial weight bearing with crutches for hip/knee (0-2 weeks).
- May begin weight bearing as tolerated in the lower limb and discontinue boot (2-4 weeks).

#### **Edema control**

- Ice, compress, elevate multiple times a day (0-2 weeks).
- Continue edema control measures (ice, compress, elevate) (2-4 weeks).

#### **PROM-AAROM-AROM**

- Perform multiple times per day PROM-AAROM (0-2 weeks).
- AAROM-AROM (2-4 weeks).
- Stationary bike without resistance and no standing while biking (2-4 weeks).

#### **Stretching**

- After 2 days, begin gentle (submaximal) passive stretching (0-2 weeks).
- Continue gentle passive stretching (2-4 weeks).

#### **Strengthening**

- Begin multi-planar isometric strengthening exercises (2-4 weeks).
- Begin gentle isotonic strengthening exercises; scapular, shoulder, and elbow for the upper extremity; hip, knee, and ankle for the lower extremity; light band strengthening (4 weeks).
- May add resistance to the stationary bike, but no standing while biking (4 weeks).
- May begin elliptical machine (4 weeks).



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## **Proprioception**

- Rhythmic stabilization in multiple planes for the upper extremity (2-4 weeks).
- Alternating isometrics (2-4 weeks).
- Balance exercises for the lower extremity (2-4 weeks).

## **Manual Therapy**

- Pain dominant joint mobilizations (Grades I-II)
- No STM with hands or IASTM until 8 weeks Post Op.



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## Phase 2 (4-8 weeks)

### Goals for Phase 2

- Full pain free ROM
- Improve strength

### PROM

- Continue passive stretching.
- End range stretching.

### AROM

- Full AROM with no restriction.

### Manual Therapy

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

### Criteria for Progression to Phase 3

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

### Strengthening

- Progress isotonic strengthening exercises.
  - Progress to heavier bands
  - Progress from isolated to functional movement patterns
- Sub-body weight closed chain strengthening exercises for the upper extremity (Wall press outs, countertop press outs, etc.).
- Core strengthening exercises.
- Closed chain strengthening exercises for the lower extremity.
- May begin eccentric strengthening exercises for the lower extremity (6 weeks).
- May transition to treadmill for lower limb conditions (6 weeks); Begin with level walking and progress to jogging over several weeks; Incline walking and elliptical trainer may ease progression.

### Proprioception

- Unstable and single leg balance progression.

### Modalities

- Ice as needed to manage soreness.



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## Phase 3 (8-12+ weeks)

### Goals for phase 3

- Return to function
- Return to work or sport
- Resume full activity
- Strength 5/5

### 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  $\geq 12$  weeks based on the recommendations of your care team and individual progression through rehabilitation

### 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.

### Sport Related Activities

- May begin running and jumping (10 weeks).
- May progress to plyometrics and sport specific drills (10 weeks).
- Initiate throwing or overhead program (10 weeks).

### Work Related Activities

- Resume normal work activities.

### Modalities

- Ice as needed to manage soreness.



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## **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 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.