

Post Barbotage/ Tenotomy/ PRP Rehab Protocol: Tendons

Phase 1: Days 0-3 Post-Injection

- Rest of affected tissues, possible immobilization
- May be NWB or PWB if percutaneous needle tenotomy was performed with PRP
- No NSAIDs (Can continue NSAIDs if barbotage with steroid used)
- Active range of motion is permissible to maintain mobility and blood flow to tissues

Phase 2: Days 4-14 Post-Injection

- Progress towards full weight bearing through affected joint. Care should still be taken not to prematurely overload tendon
- Continue to avoid NSAIDs (Can continue NSAIDs if barbotage with steroid used)
- Initiate Physiotherapy:
 - Manual therapy→
 - Passive ROM
 - Grade I-II mobilizations for pain and swelling
 - Address biomechanics of associated joints
 - Exercise→
 - Single plane AROM progressing to light concentric resistance by D14
 - Address kinetic chain biomechanics
 - Cardiovascular→
 - Begin light exercise that does not directly involve affected joint (e.g. arm bike or unilateral cycling if affecting lower extremity)

Phase 3: Weeks 2-8 Post-Injection

- Full Weight Bearing
- Avoid NSAIDs up to week 6
- Avoid high intensity exercise and post-activity pain
- Physiotherapy:
 - Manual Therapy→
 - May begin soft tissue techniques (e.g. transverse friction massage)
 - Grade III-IV mobilizations
 - Stretching/PROM as indicated
 - Exercise→
 - Initiate balance/proprioception exercises
 - Increase concentric resistance
 - Initiate eccentric exercise at week 3-4 (only if ROM full)

- Cardiovascular→
 - May begin moderate intensity exercise, including affected joint

Phase 4: Week 8 to Return to Sport

- May progress to this phase upon demonstration of:
 - Full ROM in affected joint
 - No post-activity pain
 - Pain-free, 5/5 static strength
- Physiotherapy:
 - Manual Therapy→
 - Joint mobilizations and stretching as required to achieve normal biomechanics
 - Exercise→
 - Multi-planar, compound movements
 - Plyometrics may be initiated
 - Sport specific, high-velocity activity/Return to sport programming
 - Cardiovascular→
 - Progress to high-intensity exercise of any mode

Return to Sport

- Clearance Criteria:
 - Pain free
 - No post-activity soreness in affected joint that lasts >24 hours
 - Adequate control of dynamic, multi-planar movements
 - Physician approval

Protocol adapted from:

Malanga, G. A. & Ibrahim, V. (2018). Regenerative Treatments in Sports and Orthopedic Medicine. New York, NY: Demos Medical Publishing.