

ACHILLES TENDON MID-SUBSTANCE ULTRASOUND GUIDED PERCUTANEOUS TENOTOMY CLINICAL PRACTICE GUIDELINE

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 Ohio State Sports Medicine at 614-293-2385 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.
- 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.

Make sure your medical team provides you with the following before or at your procedure:

- Crutches
- Boot
- Peel away heel lift (Wear this in your boot and shoe at all times; you will gradually decrease use as directed by your care team.)
- Therapy appointment times
- Follow-up times (approximately 2 weeks and 6 weeks after your procedure)

Post-procedure Care

Day of your procedure	<ul style="list-style-type: none">• Plan to have a family member or friend drive you home after your procedure.• Bring your crutches / scooter / boot to your appointment if they were given to you.• Weight-bearing: No weight bearing on treated leg; use crutches / scooter and boot to get around.• Activity & Rehab: Protect ankle by resting and keeping it elevated to reduce swelling.
Days 2-3	<ul style="list-style-type: none">• Weight-bearing: No weight bearing; use crutches / scooter and boot to get around.• Activity & Rehab: Elevate at least 3 times a day to control swelling. Begin gentle ankle range of motion exercises 3 times per day.



	Weight Bearing	Activity and Rehab
Progression 1	<ul style="list-style-type: none"> Transition to partial weight-bearing using crutches & boot. If you were given a foot orthotic, wear it in your boot. See 'bracing' section below. Some discomfort is normal. The "rule of thumb" is that discomfort should calm down by the next morning. If you use a scooter, begin partial weight bearing by placing untreated leg on scooter and bearing some weight on the treated foot in your boot. 	<ul style="list-style-type: none"> Continue ankle range of motion and add ankle isometrics 3 times per day. Manual Therapy: May use soft tissue mobilizations around incision, avoiding direct pressure throughout progressions.
Progression 2	<ul style="list-style-type: none"> Under the supervision of your therapist, discontinue the use of the boot. Continue partial weight bearing with the crutches in your home and community. 	<ul style="list-style-type: none"> Continue ankle range of motion 3 times per day. Continue isometric strengthening. Begin non-impact aerobic exercise with a stationary bike. You can start gentle swimming and pool exercise when the wound is healed.
Progression 3	<ul style="list-style-type: none"> Under the 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. 	<ul style="list-style-type: none"> Continue ankle range of motion and add gentle Achilles tendon stretching. Continue isometric strengthening. Progress ankle strengthening with resistance bands. Begin balance exercises like single-leg stance.
Progression 4	<ul style="list-style-type: none"> Under the direction of your therapist, walk normally in your home and community. Start with shorter community distances and increase as tolerated. Place the peel-away heel lift in your shoe and gradually peel away layers as tolerated. 	<ul style="list-style-type: none"> Progress ankle strengthening by using heavier resistance bands.
Progression 5		<ul style="list-style-type: none"> Once you are walking normally in your home and community, use an elliptical machine (begin with no incline and low resistance) and increase walking pace for exercise. Begin using a leg press, first for quadriceps strengthening and then progress to low resistance calf raises. Advance at the discretion of your care team.
Progression 6		<ul style="list-style-type: none"> Increase the intensity of biking, swimming, elliptical, fast walking and weight machines. Once you are working hard at these without pain, progress to higher impact activities (like jogging, running, sprinting & jumping) as directed by your care team.



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. 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 the ankle 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, call Ohio State Sports Medicine. Otherwise, seek care at your local emergency room.



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