

Rehabilitation Protocol for Autologous Blood Injections (ABI) and Platelet Rich Plasma (PRP) Injections

Tendon and Soft Tissue

- Days 0-2
 - Non-weight bearing for lower tendon extremity procedures, sling for upper extremity procedures
 - Active range of motion multiple times per day
 - Ice, compression, elevation
- Days 3-14
 - Weight-bearing activity as tolerated in walking boot (ankle/foot procedures), knee immobilizer (knee procedures), or 50% weight-bearing with crutches (hip procedures) for lower extremity procedures
 - Wean out of sling as tolerated for upper extremity procedures
 - Continue ice, compression, elevation, active range of motion
- Weeks 2-4
 - Start Physical Therapy
 - Multiplanar isometric exercises
 - Passive stretching
 - Stationary bike with light resistance or pool walking for lower extremity procedures
 - Wean out of boot, knee immobilizer, or off crutches for lower extremity procedure
- Weeks 4-6
 - Isotonic exercises
 - Elliptical machine or stationary bike with moderate resistance
- Weeks 6-10
 - Physician return visit
 - Eccentric exercise based upon the guidelines set forth by *Alfredson and Lorentzon*
 - 3 sets of 15 eccentric reps 2x/day, 7 days/week
 - Work through non-disabling pain
 - Progressively add weight
- Week 8-12
 - Return to Run: walking program progressing to jogging and may stand while bicycling with heavy resistance
 - Pre-Plyometric exercises, plyometric exercises, and sport-specific training
- Weeks 12
 - Unrestricted activity

Adapted from:

Finnoff, JT, Fowler, SP, Lai, JK, et al. Treatment of Chronic Tendinopathy with Ultrasound-Guided Needle Tenotomy and Platelet Rich Plasma Injection. *Journal of Physical Medicine and Rehabilitation*: 2011: 1-12.