

POST PRP INJECTION REHAB

Pre-Amble

Most available information pertains to post PRP injections for TENDONS.

Why Post PRP-Injection Rehab?

- On it's own, patients may experience a decrease in pain and improved mobility, but the injections alone may not get a patient back to 100% or close to it!
- Facilitation of optimal collagen fibre alignment in the case of tendon injections
- Secondary issues are not addressed with PRP-alone
 - Muscle weakness
 - Muscle-tendon unit extensibility
 - Altered joint or limb proprioception
 - Compensatory or habituated movement patterns / strategies
- Patient monitoring
- Patient education (appropriate activity at each stage of healing & avoidance of re-injury)
- Return to sport / activity advisement

Pre-Injection

- Some human docs recommend avoiding consumption of aspirin, ibuprofen or any other NSAID for a week before and a week after injection.

Post Tendon Injection

Week 1

Goals: Protection & Pain Control

- No NSAIDS, but pain killers ok if necessary
- Some protocols allow ice, others do not
- One protocol suggested heat
- Relative rest
- Light PROM / AROM multiple times a day (All Pain-Free)
- Modalities (scientifically shown to be okay / beneficial)
 - Laser therapy (7J/cm² every second day)
 - PEMF (may stimulate growth factor release from platelets)
 - TENS for pain
 - E-Stim for muscle contractions (and pain)
 - *Ultrasound (no studies or references found)*
 - *Shockwave (no studied found that referenced post-injection use)*

Week 2

Goal: Discontinue Immobilization (if using) & Increase tendon tolerance to daily activities.

- Easy isometric exercises
- Stretching
- Easy eccentric or concentric exercises
- Weight bearing activity as tolerated
- Cont. pain management
- Modalities as desired or available
- Strengthen other ½ of body (i.e. Front half or Back half)

Weeks 3 – 5

Goal: Attain full ROM, Improve strength & endurance

- Light resistance exercises (i.e. UWT)
- Stretching
- Strengthening exercises specific to the tendon & affected joint(s)
- Low impact cardiovascular exercise
- Modalities as desired or available
- Joint mobilization as needed to restore normal joint mechanics

Precautions: Avoid high velocity / amplitude / intensity exercise such as throwing, running, jumping, plyometric or heavy weight lifting

Weeks 6 – 8

Goal: Further strengthening, Improve balance & proprioception

- Progress to fast-twitch & dynamic exercises
- Continue earlier phase exercises
- Balance & Proprioceptive activities
- Core strengthening
- Low impact cardiovascular exercise

Weeks 9 – 12

Goal: “Reathletization” (return to sport)

- Progress to jogging
- Progress to heavy resistance training
- Plyometrics and sports-specific training
- Interval activities
- Low impact cardiovascular exercise

Precautions: Re-ultrasound may be conducted at this stage to assess healing

Weeks 13+

Goal: Unrestricted activity

A Note about Joint PRP... just be slower to initiate loaded weight bearing