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POST-PRP INJECTION PROTOCOL

General recommendations:

- **No NSAIDs** (aleve, naproxen, motrin, advil, ibuprofen, Mobic, meloxicam, etc) **for at least 2 weeks after the procedure**
- Tylenol is the recommended pain medication if needed
- You may be prescribed a bone growth stimulator to help with fracture healing

PHASE I (0 TO 3 DAYS AFTER PROCEDURE)

Appointments

- No appointments during this time as rehabilitation appointments begin 10-14 days after procedure

Goals

- Protection of the affected tendon/bone
- Pain control

Precautions

- Immobilization of the affected joint/joint:
- Walking boot for Stress fractures of leg, foot or ankle

Suggested Therapeutic Exercises

- Gentle active range of motion (AROM) exercises out of the immobilizing device about 3 times per day

PHASE II (3 TO 10 DAYS AFTER PROCEDURE)

Appointments

- No appointments during this time as rehabilitation appointments begin 10 days after procedure

Goals

- Continue immobilizing device

Precautions

- No weight bearing at the affected extremity, no lifting weights with the affected extremity, no impact activity

Suggested Therapeutic Exercises

- Continue with active range of motion exercises out of the device 3 times a day
- Lower body exercise for upper body procedures and upper body exercise for lower body procedures are allowed. Discuss these parameters with your physician, physical therapist or athletic trainer

PHASE III (10 DAYS AFTER PROCEDURE TO 4 WEEKS AFTER PROCEDURE)

Appointments

- Rehabilitation appointments once every 1 to 2 weeks
- Physician clinic appointment 4 weeks after procedure

Rehabilitation Goals

- Attain full range of motion
- Improve balance and proprioception

Precautions

- Avoid impact activities
- Begin weight bearing as tolerated with two crutches 2 weeks after the injection, if pain with weight bearing in the CAM walker boot, then continue non-weight bearing and crutches
- Avoid post-activity pain

Suggested Therapeutic Exercises

- Stretching exercises for the affected muscle-tendon unit at least once a day, 3-4 reps, holding for 20-30 seconds
- Joint mobilization as needed to restore normal joint mechanics
- Balance and proprioception activities: joint reposition drills for the upper extremity; single leg stand and balance board drills for the lower extremity
- Core strengthening.

PHASE IV (4 TO 8 WEEKS AFTER PROCEDURE)

Will be re-assessed by Physician and recommendations will be made accordingly:

Goal is to advance activities:

Cardiovascular Exercises

- Non-impact activities with progressive resistance, duration, and intensity: upper body ergometer, elliptical trainer, stationary bike, deep water running

Suggested Therapeutic Exercises

- Strengthening with emphasis on isometric and concentric activities initially and with eccentric progression as symptoms allow
- Then progress to impact control exercises with progression from single plane to multiplanar
- landing and agility drills with progressive increase in velocity and amplitude
- Sport/work specific balance and proprioceptive drills
- Return to sport programs (throwing, running, etc.) with symptom / criteria based progressions

Cardiovascular Exercises

- Replicate sport or work specific energy demands

