



Green Bay • Fox Valley • Marinette • Oshkosh

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Post PRP (Tendon/Ligament) Lower Extremity Protocol

General Information About PRP: PRP is derived from your own blood by taking a sample of venous blood, placing it in a special tube, spinning the blood in a centrifuge for about 15 minutes. This separates whole blood into its components including red blood cells, platelets, and plasma (the non-cellular fluid in blood). The middle layer constitutes PRP, which contains highly concentrated platelets, the cells that normally promote blood clotting. These cells also contain a number of specialized chemicals called growth factors. These include platelet derived growth factor transforming growth factor beta, and vascular endothelial growth factor. These factors interact with the local cells and send signals that initiate a variety of events such as cell division and migration. The basic idea behind PRP injection is to deliver high concentrations of growth factors to an area of injury, with the hope of stimulating a healing response and reducing inflammation in the tissue. To some extent, injection of whole blood will stimulate the same response, but to a lesser degree.

PHASE I – Tissue Protection (0-1 Week)

Goals/Guidelines:

- NWB for lower extremity (boot with crutches or knee scooter)
- No weight training
- Avoid ALL NSAIDs (no iontophoresis)
- Limit ice
- Minimize pain
- Improve/Maintain ROM

Rehabilitation Treatment/Exercise:

- Relative rest
- Gentle AROM (patient completing exercise handout specific to procedure)
- Use of assistive device to comply with weight bearing status
- Take pain medication as needed (Tylenol)



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PHASE II – Early Tissue Healing (1-2 Weeks)

Goals/Guidelines:

- Progress to FWB in protective device and with use of assistive device
- Avoid eccentric exercises
- Avoid NSAIDs
- Limit ice

Rehabilitation Treatment/Exercise:

- Aerobic exercise allowed, avoid loading treated area
- Gentle stretching
- Proximal stability and strengthening (i.e., core for hip, shoulder for elbow, hip for knee, and knee for ankle)

PHASE III – Facilitation of Collagen Deposition (2-6 Weeks)

Goals/Guidelines:

- Avoid eccentric exercise
- Avoid NSAIDs
- Avoid ice
- Full pain free ROM
- Avoid compensatory movement patterns

Rehabilitation Treatment/Exercise:

- Progress to FWB without an assistive device
- Low weight, high repetition isometrics
- Soft tissue work to area treated
- Dynamic stretching
- Joint mobilizations as needed for joint stiffness
- Core strengthening exercises
- Open kinetic chain strengthening exercises (late stage III, 5-6 weeks post procedure)
- Proprioceptive and balance activities (late stage III, 5-6 weeks post procedure)



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PHASE IV – Collagen Strengthening (6-12 Weeks)

Goals/Guidelines:

- Avoid NSAIDs
- Avoid ice
- Improve strength
- Return to function
- 80% LSI to progress to plyometrics, running, jumping, hopping, and sports related skills

Rehabilitation Treatment/Exercise:

- Eccentric exercises as long as pain scale <3/10
- Closed kinetic chain exercises
- Plyometrics, proprioceptive training, other sport specific exercises
- Return to work or sport
- Resume full activity

PHASE V – Return to Activity (3+ Months)

Goals/Guidelines:

- Reassess improvement
- If not >75% improvement, consider repeat PRP
- Return to work or sport
- Resume full activity

Rehabilitation Treatment/Exercise:

- Progress back to functional sport specific activities with increasing load on area treated as pain allows
- Max out on eccentric exercises
- May return to sport if pain < 3/10