PHASE I	0 to 7	davs	after	PRP	Procedure	
						/

Physical Therapy	 No physical therapy at this time as physical therapy begins 7 to 10 days after procedure
Precautions	 Immobilization of the joint Injection to shoulder: shoulder sling Injection to elbow: shoulder sling and wrist splint with provider discretion Injection to wrist: wrist splint Injection to hip and knee: crutches for non-weight bearing of affected extremity Injection to ankle/foot: crutches for non-weight bearing of affected extremity and walking boot No NSAID use (Advil, Motrin, Ibuprofen, etc.) No ice use
Exercise	 Prevent joint from stiffening Gentle passive, active assisted and active range of motion of immobilization device (PROM, AAROM, and AROM)
Goals	Protect the treated areaMinimize pain

PHASE II (7 to 14 days after PRP Procedure)

Physical Therapy	 Begin physical therapy at this time for light, soft tissue mobilization and range of motion work 1-2 times per week
Precautions	 Body Part: Shoulder: Discontinue use of sling (may occur at day 10) Elbow: Discontinue use of shoulder sling/wrist splint Wrist: Discontinue of use of wrist splint (may occur at day 10) Hip/Knee: Weight bearing as tolerated with discontinued use of crutches from 2 to 1 to none when able to ambulate pain free (toe-touch) Ankle/Foot: Weight bearing as tolerated with discontinued use of crutches from 2 to 1 to none when able to ambulate pain free (toe-touch)

	•	DO NO	T overstress the tendon, lift heavy objects, exercise with
		weight	s or perform high impact activities at this time
Exercise	•	Contin	ue active range of motion exercises for all joints with pain free
		range 3	3 times per day for 5 minute sessions
	•	Upper	extremity:
		0	Arm bike (low resistance)
		0	Lower body and core strengthening exercises
	٠	Should	ler:
		0	Arm bike (low resistance)
		0	AAROM/AROM of shoulder to pain free range
		0	Shoulder isometrics
		0	Light stretching of shoulder musculature (pecs, lats,
			posterior cuff musculature, etc.)
	٠	Elbow/	/Wrist:
		0	Arm bike (low resistance)
		0	AAROM/AROM of wrist and elbow to pain free range
		0	Wrist and elbow isometrics
		0	Light stretching to wrist/elbow musculature (wrist
			flexors/extensors, etc.)
	•	Lower	extremity:
		0	Bike (low resistance)
		0	Upper body strengthening exercises
	•	Hip:	
		0	Bike (low resistance)
		0	Pool walking
		0	AAROM/AROM of hip
		0	Hip isometrics
		0	Light stretching to hip musculature (quads, hip nexors,
		Knool	glutes, hip eks, etc.)
	•	Kilee.	Rike (low resistance)
		0	Bool walking
		0	$\Delta \Delta ROM / \Delta ROM of knee$
		0	Knee isometrics (quad sets)
		0	Light stretching of knee/hip musculature (quads, hip flexors,
		-	glutes, hip ERs. hamstrings, etc.)
	•	Ankle/	Foot:
		0	Bike (low resistance)
		0	Pool walking
		0	AAROM/AROM of ankle
		0	Ankle isometrics
		0	Light stretching of ankle/foot musculature (gastroc, soleus,
			foot intrinsics, etc.)

Goals	Discontinue immobilizing device
	Progress 10-14 days after procedure

PHASE III (2 to 4 weeks after PRP Procedure)

 Joint and soft tissue mobilizations as needed to restore normal range of motion and joint mechanics 2 to 3 times per week Physician follow-up 4 weeks after procedure
 Maintain low resistance while biking DO NOT overstress the tendon, lift heavy objects, exercise with weights or perform high impact activities at this time
 Continue active range of motion exercises for all joints pain free range 3 to 5 times per day for 5 minute sessions Stretching exercises for affected area 2 to 3 times per day, 3 to 4 reps, 20 to 30 second holds Strengthening isometric and concentric exercise progressing to eccentric exercise as tolerated Upper extremity Arm bike (low resistance) Lower body and core strengthening exercises
 Arm bike (low resistance) AAROM/AROM of shoulder to pain free range Shoulder isometric and concentric strengthening progressing to eccentric as tolerated Light stretching of shoulder musculature (pecs, lats, posterior cuff musculature, etc.)
 Elbow/Wrist: Arm bike (low resistance) AAROM/AROM of wrist and elbow to pain free range Wrist and elbow isometric and concentric strengthening progressing to eccentric as tolerated Light stretching to wrist/elbow musculature (wrist flexors/extensors, etc.)
 Lower extremity: Bike (low resistance) Upper body strengthening exercises Hip: Bike (low resistance) Bike (low resistance) Deel walking

	0	AAROM/AROM of hip
	0	Hip isometric and concentric strengthening progressing to
		eccentric as tolerated (low impact table exercises-SLR 4-way,
		LAQ, SAQ, bridges, clams, reverse clams, etc.)
	0	Light stretching to hip musculature (quads, hip flexors,
		glutes, hip ERs, etc.)
	• Knee:	
	0	Bike (low resistance)
	0	Pool walking
	0	AAROM/AROM of knee
	0	Knee isometric and concentric strengthening progressing to
		eccentric as tolerated (low impact table exercises-SLR 4-way,
		LAQ, SAQ, bridges, clams, reverse clams, etc.)
	0	Light stretching of knee/hip musculature (quads, hip flexors,
		glutes, hip ERs, hamstrings, etc.)
	 Ankle/ 	Foot:
	0	Bike (low resistance)
	0	Pool walking
	0	AAROM/AROM of ankle
	0	Ankle/foot isometric and concentric strengthening
		progressing to eccentric as tolerated (low impact table
		exercises-ankle 4-way, ankle pumps, ankle circles, foot
		intrinsic strengthening, etc.) Note: perform hip and core
		table strengthening exercises with this
	0	Light stretching of ankle/foot musculature (gastroc, soleus,
		foot intrinsics, etc.)
Goals	 Achiev 	e full pain free range of motion $(1/10)$ pain threshold on VAS
00010	Decrea	use nain with activities of daily living $(0.2/10)$ nain threshold on
	• ~ 5)	

PHASE IV (4 to 6 weeks after PRP Procedure)

Physical Therapy	 2 to 3 times per week Joint and soft tissue mobilizations as needed to restore normal range of motion and joint mechanics
Precautions	 Avoid high velocity, high amplitude, high intensity exercise at this time (such as running, jumping, plyometrics, throwing or heavy lifting) Non-impact activities Avoid pain post-activity

Exercise	Moderate resistance on bike			
	Continue stretching exercises for affected area 2 to 3 times per day, 3 to 4 reps, 20-30 second holds			
	• Focus on eccentric strengthening progression program as tolerated			
	 Incorporation of balance and proprioception exercises 			
	Upper extremity			
	 Arm bike (moderate resistance) 			
	 Lower body and core strengthening exercises 			
	• Shoulder:			
	 Arm bike (moderate resistance) 			
	 AROM of shoulder in pain free range 			
	 Shoulder eccentric strengthening as tolerated 			
	 Stretching of tight muscles in affected area (pecs, lats, 			
	posterior cuff musculature)			
	Elbow/Wrist:			
	 Arm bike (moderate resistance) 			
	 AROM of wrist and elbow in pain free range 			
	 Wrist and elbow eccentric strengthening as tolerated 			
	 Stretching to tight muscle in affected area (wrist 			
	flexors/extensor groups)			
	Lower extremity:			
	 Dive (model ate resistance) Upper body strengthening everyises 			
	Upper body strengthening exercises			
	• Thp. \bigcirc Bike (moderate resistance)			
	 Elliptical (low progressing to moderate resistance as 			
	tolerated)			
	 Pool walking/running 			
	• AROM of hip in pain free range			
	 Hip eccentric strengthening as tolerated 			
	 Stretching of tight muscles in affected area (quad/hip 			
	flexors/glutes)			
	• Knee:			
	 Bike (moderate resistance) 			
	 Elliptical (low progressing to moderate resistance as 			
	tolerated)			
	• Pool walking/running			
	 AROM of knee Knee 			
	 Knee eccentric strengthening as tolerated Stretching of tight muscles in offected error 			
	O Stretching of tight muscles in affected area			
	• Ankle/Foot:			
	- Bike (moderate resistance)			
	 Elliptical (low progressing to moderate resistance as 			
	tolerated)			
	 Pool walking/running 			

	 AROM of ankle Ankle eccentric strengthening as tolerated Stretching of tight muscles in affected area (gastroc/soleus/foot instrinsics)
Goals	 Progression of isometric strengthening to concentric strengthening and eccentric strengthening as tolerated Begin to incorporate balance and proprioception activities Perform all activities of daily living pain free (0/10 pain threshold on VAS)

PHASE V (6 to 8 weeks after PRP Procedure)

Physical Therapy	2 to 3 times per week		
Precautions	 Avoid high velocity, high amplitude, high intensity exercise at this time (such as running, jumping, plyometrics, throwing or heavy lifting) Avoid pain post-activity 		
Exercise	 Move to high resistance on bike and elliptical Continue stretching exercises for affected area 2 to 3 times per day, 3 to 4 reps, 20-30 second holds Strengthening with eccentric exercise focus at a moderate intensity (3-4 sets of 6-12 reps) Balance and proprioception exercises Upper extremity Arm bike (high resistance) Lower body and core strengthening exercises Shoulder: Arm bike (high resistance) Shoulder eccentric strengthening (thera-band drills, manual resistance, etc. for RTC) Stretching of tight muscles in affected area (pecs, lats, posterior cuff musculature) Elbow/Wrist: Arm bike (high resistance) Wrist and elbow eccentric strengthening (thera-band, dumbbell exercises, etc.) Stretching to tight muscle in affected area (wrist flexors/extensor groups) 		
	 Bike and elliptical (high resistance) 		

	0	Upper body strengthening exercises
	• Hip:	
	0	Bike (high resistance)
	0	Elliptical (high resistance)
	0	Pool walking/running
	0	Hip eccentric strengthening (single leg press, SLS, SL squats,
		etc.)
	0	Stretching of tight muscles in affected area (quad/hip
		flexors/glutes)
	Knee:	
	0	Bike (high resistance)
	0	Elliptical (high resistance)
	0	Pool walking/running
	0	Knee eccentric strengthening (single leg press, SLS, SL
		squats, etc.)
	0	Stretching of tight muscles in affected area
		(quads/hamstrings/glutes)
	Ankle/	Foot:
	0	Bike (high resistance)
	0	Elliptical (high resistance)
	0	Pool walking/running
	0	Ankle eccentric strengthening (heel raises, SLS activities,
		balance board activities etc.)
	0	Stretching of tight muscles in affected area
		(gastroc/soleus/foot intrinsics)
Goals	 Improv 	e strength and endurance
	Pain free	ee (0/10 pain threshold on VAS) 5/5 manual muscle testing on
	affecte	d limb
	Symme	etric proprioception of affected limb
	, ,	· · ·

PHASE VI (8 to 12 weeks after PRP Procedure)

Physical Therapy	 1 to 2 times per week Incorporation of more sport specific exercise at this time
Precautions	Avoid pain post-activity
Exercise	 Continue stretching exercises for affected area 2 to 3 times per day, 3 to 4 reps, 20-30 second holds Strengthening with sport specific eccentric exercise at a moderate intensity (3-4 sets of 6-12 reps) Balance and proprioception sport specific exercises

•	Can incorporate pre-plyometric exercise progressing to plyometric
	exercise as tolerated
٠	Upper extremity
	 Arm bike (high resistance)
	 Lower body and core strengthening exercises
٠	Shoulder:
	 Arm bike (high resistance)
	 Shoulder eccentric strengthening (thera-band drills and
	manual resistance, etc. for RTC)
	 Shoulder pre-plyometrics progressing to plyometrics as
	tolerated (ball throwing activities)
	 Stretching of tight muscles in affected area (pecs, lats,
	posterior cuff musculature)
•	Elbow/Wrist:
	• Arm bike (high resistance)
	 Wrist and elbow eccentric strengthening (dumbbell
	exercises, thera-band, etc.)
	 Wrist/elbow pre-plyometrics progressing to plyometrics as
	tolerated (ball throwing activities)
	 Stretching to tight muscle in affected area (wrist flowers (system converse))
	flexors/extensor groups)
•	Lower extremity:
	 Bike and emplical (nigh resistance) Between to run protocol (defer to DT)
	 Return to run protocol (defer to PT) Upper body strengthening evereise
	O Opper body strengthening exercise
•	Bike (high resistance)
	\circ Elliptical (high resistance)
	\circ Return to run
	 Hin eccentric strengthening (single leg press_SLS_SL squats)
	etc)
	 Lower extremity pre-plyometric exercise progressing to
	plyometric exercise as tolerated (mini squat jump, squat
	jump, skaters, single leg vertical jump, etc.)
	 Stretching of tight muscles in affected area (quad/hip)
	flexors/glutes)
•	Knee:
	 Bike (high resistance)
	 Elliptical (high resistance)
	o Return to run
	 Knee eccentric strengthening (single leg press, SLS, SL
	squats, etc.)
	 Lower extremity pre-plyometric exercise progressing to
	plyometric exercise as tolerated (mini squat jump, squat
	jump, skaters, single leg vertical jump, etc.)
	 Stretching of tight muscles in affected area
	(quad/hamstrings)

	Ankle/Foot:		
	0	Bike (high resistance)	
	0	Elliptical (high resistance)	
	0	Return to run	
	0	Ankle eccentric strengthening (heel raises, SLS activities,	
		balance board activities etc.)	
	0	Lower extremity pre-plyometric exercise progressing to	
		plyometric exercise as tolerated (mini squat jump, squat	
		jump, skaters, single leg vertical jump, etc.)	
	0	Stretching of tight muscles in affected area	
		(gastroc/soleus/plantar fascia/anterior tibialis)	
Goals	• Return	to sport pain free	

References:

- Bashir, J., A. J. Panero, and A. L. Sherman. 2015. "The Emerging Use of Platelet-Rich Plasma in Musculoskeletal Medicine." J Am Osteopath Assoc 115 (1):24-31. doi: 10.7556/jaoa.2015.004.
- Dragoo, J. L., A. S. Wasterlain, H. J. Braun, and K. T. Nead. 2014. "Platelet-Rich Plasma as a Treatment for Patellar Tendinopathy: A Double-Blind, Randomized Controlled Trial." *Am J Sports Med* 42 (3):610-8. doi: 10.1177/0363546513518416.
- Kaux, J. F., B. Forthomme, M. H. Namurois, P. Bauvir, N. Defawe, F. Delvaux, C. Lehance, J. M. Crielaard, and J. L. Croisier. 2014. "Description of a Standardized Rehabilitation Program Based on Sub-Maximal Eccentric Following a Platelet-Rich Plasma Infiltration for Jumper's Knee." *Muscles Ligaments Tendons J* 4 (1):85-9.
- Krogman, Ken, Marc Sherry, John Wilson, and UW Sports Medicine Physician Group. 2014. "Platelet-Rich Plasma Rehabilitation Guidelines." accessed November 27, 2017. https://www.uwhealth.org/files/uwhealth/docs/sportsmed/sports med PRP.pdf.
- Pourcho, A. M., J. Smith, S. J. Wisniewski, and J. L. Sellon. 2014. "Intraarticular Platelet-Rich Plasma Injection in the Treatment of Knee Osteoarthritis: Review and Recommendations." *Am J Phys Med Rehabil* 93 (11 Suppl 3):S108-21. doi: 10.1097/phm.00000000000115.

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