



## Lateral Epicondyle Debridement (with tendon repair) Rehabilitation Protocol

	Goals	Avoid	Brace	Therapeutic Exercises
<b>Phase I</b> 0 - 2 weeks	<p>Protect the ligament and prevent finger stiffness/loss of motion for unaffected joints</p> <p>Keep splint clean/dry and minimize swelling</p>	<p>Lifting, pushing, pulling or forceful gripping with the surgical arm</p> <p>Upper quadrant pain from holding arm in a guarded position</p>	<p>Postoperative splint: long arm elbow and wrist (10-14 days post-op)</p> <p>A sling may be used when out in public, removing at home to allow for elevation and exercises</p>	<p>NWB of the surgical UE</p> <p>Finger flexion/extension AROM/AAROM for tendon glides, active finger ABD/ADD (assisted by lacing fingers with CL hand)</p> <p>AROM/AAROM shoulder ROM and GH ER with scapular retraction</p> <p>Pain-free cervical AROM and abdominal breaths/deep breathing</p>
<b>Phase II</b> 2 - 4 weeks	<p>2 week post-op appointment with MD for wound assessment and suture removal</p> <p>Protect tendon repair, restore elbow ROM and prevent finger stiffness/loss of motion for the unaffected joints</p>	<p>Lifting, pushing, pulling or forceful gripping with the surgical arm</p>	<p>Cock up wrist brace (WHO) placing the wrist in 30-40° wrist extension full time, only removing for hygiene</p> <p>Tubigrip or an ace wrap at the elbow for swelling PRN</p> <p>If hinged elbow brace placed at post-op 2wk appointment, then this is for ligament protection.</p>	<p>Continue above exercises</p> <p>AROM elbow flexion/extension</p> <p>Scar Management</p> <p>Balance rest for recovery with appropriate amounts of general activity for health</p>
<b>Phase III</b> 4 - 6 weeks	<p>Continue relative rest for recovery of soft tissue from surgical procedure</p> <p>Restore elbow/wrist ROM</p> <p>Address compensatory movement patterns and scar management</p>	<p>Lifting, pushing, pulling or forceful gripping with the surgical arm</p> <p>No resistance strengthening until after 6 wks post-op</p>	<p>Cock up wrist brace (WHO) placing the wrist in 30-40° wrist extension full time removing for hygiene and wrist AROM/PROM</p> <p>Tubigrip or an ace wrap at the elbow for swelling PRN</p>	<p>AROM forearm supination/pronation and wrist 4-way</p> <p>Radial nerve glides</p> <p>Scapular stabilization - gravity resisted (ie. prone H. ABD with ER, prone elevation at 125°, full can to 90°, serratus anterior wall slides)</p> <p>Imagery for return to sport (if applicable)</p>
<b>Phase IV</b> 6 - 12 weeks	<p>Continue progressing to full ROM</p> <p>Restore extrinsic forearm flexibility and encourage progressive functional use of the surgical hand</p>	<p>Avoid pain when strengthening and progressing ADL's/functional use of the surgical hand</p>	<p>Wean wrist brace as tolerated, may consider continuing at night for relative rest and positioning of recovering soft tissue</p> <p><b>6 weeks: D/C brace</b></p>	<p>Begin gradual strengthening for functional activities - grip strength, elbow/forearm/wrist, scapular stabilization and RTC strengthening</p> <p>Forearm flexibility stretches, radial nerve glides and scar management</p> <p>Progress ADL's and low level return to sport activities allowing pain to guide activity</p>