SKYLINE ORTHOPEDICS
Orthopedic Surgery, Sports Medicine & Arthroscopy Specialists

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REHABILITATION PROTOCOL- Elbow Arthroscopy

The rehabilitation guidelines are presented in a criterion based progression program. General time frames are given for reference to the average, but individual patients will progress at different rates depending on their age, associated injuries, pre-injury health status, rehab compliance, tissue quality and injury severity. Specific time frames, restrictions, and precautions may also be given to protect healing tissues and the surgical repair/reconstruction. It should not be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam findings, individual progress, and/or the presence of post-operative complications. The therapist should consult the referring physician with any questions or concerns.

Special attention must be given to impairments that caused the initial problem. For example, if the patient is s/p partial medial meniscectomy and they have a varus alignment, post-operative rehabilitation should include correcting muscle imbalances or postures that create medial compartment stress.

INDIVIDUAL CONSIDERATIONS: S/p

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PHASE 1- Surgery to 2 weeks

REHAB GOALS	1. Protection of the post-surgical repair 2. Avoid contracture 3. Minimize swelling, pain & inflammation
PRECAUTIONS	1. No ROM limitation unless otherwise noted 2. Cryocuff 3-5 times per day for 20 minutes and ice after every therapy session
RANGE OF MOTION EXERCISES	○ Elbow flexion, extension, pronation, supination ○ Gentle passive elbow extension
SUGGESTED THERAPEUTIC EXERCISES	○ As above ○ Wrist flexion/extension ○ Gripping with putty ○ Wrist/elbow isometrics ○ Joint mobilizations at 1 week ○
CARDIOVASCULAR EXERCISE	Stationary bike at 1 week. No gripping of handle with operative arm
PROGRESSION	○ Minimal pain & swelling

CRITERIA	○ Wound healing ○ ROM at least 20-100

PHASE 2- 2-6weeks

REHAB GOALS	1. Protection of the post-surgical repair 2. Begin strengthening 3. Avoid painful exercises 4. Minimize pain and swelling
PRECAUTIONS	1. Avoid gripping, lifting, carrying heavy items with operative arm 2. Cryocuff 3-5 times per day for 20 minutes and ice after every therapy session
RANGE OF MOTION EXERCISES	○ Continue with phase 1 exercises ○ Lower extremity sport specific flexibility exercises
SUGGESTED THERAPEUTIC EXERCISES	○ Continue phase 1 ○ Light dumbbells, biceps, triceps at week 2 ○ Week 3- Thrower's exercises: ER/IR at 0 abduction, scaption ER full can, rows into ER at 90 abduction seated on stability ball, lower trap seated on stability ball, elbow flexion, elbow extension/triceps, wrist extension, wrist flexion, supination, pronation, sleeper stretch, supine horizontal adduction stretch into IR ○ Light upper body strengthening at week 4 ○ Ok to begin lower extremity, core strengthening with avoidance of upper extremity weight bearing
CARDIOVASCULAR EXERCISE	Stationary bike without gripping of handle with operative arm.
PROGRESSION CRITERIA	○ Minimal pain & swelling ○ Less than 10 degree lack of extension

PHASE 3- 6-12 weeks postop

REHAB GOALS	○ Protect surgical repair ○ No pain with ADLs ○ Full ROM ○ Begin to restore Shoulder, scapular, elbow & forearm strength
PRECAUTIONS	○ Continue ice after PT
RANGE OF	○ Continue exercises from phase 2. ○ If no full extension, joint distraction & posterior gliding of ulna

MOTION EXERCISES	on humerus as well as weight or elastic resistance to stretch.
SUGGESTED THERAPEUTIC EXERCISES	○ Continue to progress phase 2 ○ Progress thrower's exercises ○ Sport specific core & lower extremity strengthening. Avoid holding heavy weights in hands ○ Shoulder & scapular strengthening-rhomboids, serraturs, trapezius, lats, rotator cuff ○ Biceps & triceps strengthening ○ Wrist & forearm strengthening
CARDIOVASCULAR EXERCISE	Stationary bike, walk/run progression, elliptical, upper body ergometry
PROGRESSION CRITERIA	○ Full elbow ROM ○ Pain free w/exercises & ADLs ○ 5/5 shoulder & scapular strength ○ Shoulder ROM equal to contralateral

PHASE 4- 13-26 weeks postop

REHAB GOALS	○ Restore normal shoulder & scapular strength ○ Restore shoulder & forearm flexibility ○ Progress to overhead activities
PRECAUTIONS	Post-activity soreness should resolve within 24 hours Avoid post activity swelling
RANGE OF MOTION EXERCISES	○ Continue with flexibility exercises from previous phase
SUGGESTED THERAPEUTIC EXERCISES	○ Progress phase 3 activities with resistance/weight ○ Progress rotator cuff strengthening to 90 deg internal & external position ○ Wrist & finger extension strengthening, emphasize eccentrics ○ Begin PNF ○ Week 16-Can begin upper body plyometrics, progress from two hand close to body, two hand extended, single hand
CARDIOVASCULAR EXERCISE	Continue to progress from phase 3
PROGRESSION	○ No pain or swelling

CRITERIA	○ Full range of motion

PHASE 5- 27+ weeks

REHAB GOALS	○ Restore normal neuromuscular function ○ Begin sport/work specific activities without pain ○ Restore full strength, ROM, endurance ○ Return to sport
PRECAUTIONS	○ Post-activity soreness should resolve within 24 hours
RANGE OF MOTION EXERCISES	○ Continue with flexibility exercises ○ Lower extremity flexibility per sport
SUGGESTED THERAPEUTIC EXERCISES	○ Progress strengthening from phase 4 ○ Sport specific exercises- ok to begin throwing program once plyometrics completed
CARDIOVASCULAR EXERCISE	○ Continue to progress from phase 4.
PROGRESSION CRITERIA	○ Normal upper extremity flexibility, strength, power, endurance ○ Completion of sport specific program ○ Pain free ○ Completion of trial return to play without issue