

Orthopedic Surgery, Sports Medicine & Arthroscopy Specialists

Jonathan Watson, MD <u>REHABILITATION PROTOCOL- Lateral epicondylitis release</u>

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

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. Minimize activities that stress wrist & finger extensors
	2. Cryocuff 3-5 times per day for 20 minutes and ice after every therapy
	session
RANGE OF	 Codman exercises
MOTION	 Scapular retraction
EXERCISES	 Elbow active ROM and active assist ROM, no passive
EXERCISES	
SUGGESTED	 As above
THERAPEUTIC	
EXERCISES	
CARDIOVASCULAR	Stationary bike at 10 days. No gripping of handle with operative arm
EXERCISE	
PROGRESSION	 Minimal pain & swelling
CRITERIA	

PHASE 2- 2-6weeks

REHAB GOALS	1. Protection of the post-surgical repair
	2. Continue activity modification (avoidance of gripping, lifting, carrying with operative arm)
	3. Avoid painful exercises
	4. Minimize pain and swelling
PRECAUTIONS	1. Avoid gripping, lifting, carrying items with operative arm
	2. Cryocuff 3-5 times per day for 20 minutes and ice after every therapy
	session
RANGE OF	 Active/active assist ROM of elbow
MOTION	 Low intensity/long duration stretch for extension as needed,
EXERCISES	perform supine with towel roll under humerus
	 Gentle wrist ROM with elbow flexed AROM of shoulder
SUGGESTED	 As above
THERAPEUTIC	 Manual sidelying scapular stabilization with resistance proximal to
	elbow
EXERCISES	
CARDIOVASCULAR	Stationary bike without gripping of handle with operative arm
EXERCISE	
PROGRESSION	 Minimal pain & swelling
CRITERIA	

PHASE 3- 6-10 weeks postop

REHAB GOALS	 Protect surgical repair No pain with ADLs Full ROM Begin to restore Shoulder, scapular, elbow & forearm strength
PRECAUTIONS	 Avoid gripping, carrying items with operative arm Avoid end range of elbow extension with all exercises
RANGE OF MOTION EXERCISES	 Continue exercises from phase 2. If no full extension, joint distraction & posterior gliding of ulna on humerus as well as weight or elastic resistance to stretch
SUGGESTED THERAPEUTIC 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

	 Isotonic wrist & finger extensor strengthening with elbow supported & in flexion Rhythmic shoulder stabilization exercises with resistance proximal to elbow
CARDIOVASCULAR	Stationary bike, avoid gripping handle
EXERCISE	
PROGRESSION	 Full elbow ROM
CRITERIA	 Pain free w/exercises & ADLs
	 5/5 shoulder & scapular strength
	 Shoulder ROM equal to contralateral

PHASE 4-10-14 weeks postop

REHAB GOALS PRECAUTIONS	 Restore normal shoulder & scapular strength Restore shoulder & forearm flexibility Progress to overhead activities Post-activity soreness should resolve within 24 hours Avoid post activity swelling
RANGE OF	 Continue with flexibility exercises from previous phase Forearm stretching
MOTION	 Posterior shoulder flexibility
EXERCISES	
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 Progress rhythmic stabilization exercises to resistance distal to elbow and to overhead
CARDIOVASCULAR	Progress to upper body ergometry
EXERCISE	
PROGRESSION	 No pain or swelling
CRITERIA	 Full range of motion

PHASE 5-14-24 weeks

REHAB GOALS	 Restore normal neuromuscular function Begin sport/work specific activities without pain Restore full strength, ROM, endurance
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 Wrist & finger extensor strengthening with elbow in extension Forearm pronation & supination, light resistance Progress rhythmic stabilization to all functional positions Plyometrics-asymptomatic w/normal strength & flexibility. Progression: chest pass, side to side wood chops, overhead soccer pass, one handed ER with arm at side, one arm ER in 90 internal and external Deceleration exercises in kneeling, progress to standing Sport specific- begin, tennis begin after several weeks of plyometrics without symptoms
CARDIOVASCULAR EXERCISE	 Continue to progress from phase 4.
PROGRESSION CRITERIA	 Normal grip strength Normal upper extremity flexibility, strength, power, endurance Completion of sport specific program

PHASE 6-24+ weeks

REHAB GOALS	Return to sport
PRECAUTIONS	Post-activity soreness should resolve within 24 hours
RANGE OF	Continue with flexibility exercises
MOTION	
EXERCISES	
SUGGESTED	 Progress strengthening from phase 5
THERAPEUTIC	
EXERCISES	
CARDIOVASCULAR	 Progress to baseline
EXERCISE	
PROGRESSION	 Pain free
CRITERIA- RETURN	 Normal grip strength measured with dynamometer
TO SPORT	 Normal rotator cuff ratio
	 Scapular symmetry

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