



TWIN CITIES ORTHOPEDICS

Excellence in Research and Education

**Gregory N. Lervick, MD
Andrew Anderson, PA-C
952-456-7111**

NONSURGICAL LATERAL/MEDIAL ELBOW TENDINOSIS

Phase 1-Acute Phase

Goals

- Decrease inflammation/pain.
- Promote tissue healing.
- Retard muscle atrophy.
- Cryotherapy.
- Whirlpool
- Stretching to increase flexibility
 - Wrist extension-flexion.
 - Elbow extension-flexion.
 - Forearm supination-pronation.
- HVGS
- Phonophoresis.
- Friction massage.
- Iontophoresis (with an anti-inflammatory such as dexamethasone).
- Avoid painful movements (such as gripping).

Phase 2-Subacute Phase

Goals

- Improve flexibility.
- Increase muscular strength and endurance.
- Increase functional activities and return to function.
- Emphasize concentric-eccentric strengthening.
- Concentrate on involved muscle groups.
- Wrist extension-flexion.
- Forearm pronation-supination.
- Elbow flexion-extension.
- Initiate shoulder strengthening (if deficiencies are noted).
- Continue flexibility exercises.
- Use counterforce brace.
- Continue use of cryotherapy after exercise or function.
- Initiate gradual return to stressful activities.
- Gradually reinitiate previously painful movements.

Phase 3-Chronic Phase

Goals

- Improve muscular strength and endurance.
- Maintain/enhance flexibility.
- Gradually return to sport high-level activities.
- Continue strengthening exercises(emphasize eccentric-concentric)
- Continue to emphasize deficiencies in shoulder and elbow strength.
- Continue flexibility exercises.
- Gradually diminish use of counterforce brace.
- Use cryotherapy as needed.
- Initiate gradual return to sport activity.
- Equipment modifications (grip size, string tension, playing surface).
- Emphasize maintenance program.

This protocol provides you with general guidelines for the rehabilitation of the patient undergoing nonsurgical treatment of medial or lateral elbow tendinosis.

Specific changes in the program will be made by the physician as appropriate for the individual patient.

Questions regarding the progress of any specific patient are encouraged, and should be directed to Dr. Lervick or Andy at **952-456-7111**.