



TWIN CITIES ORTHOPEDICS

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POSTOPERATIVE REHABILITATION PROTOCOL FOLLOWING ELBOW TENDINOSIS SURGERY

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|---|--|
| <input type="checkbox"/> Medial | <input type="checkbox"/> Arthroscopic |
| <input type="checkbox"/> Lateral | <input type="checkbox"/> Open |

Phase 1: (3 days – 1 week)

- Compressive dressing.
- Control edema and inflammation: apply ice for 20 minutes 2 or 3 times per day.
- Gentle hand, wrist, and elbow ROM exercises. Exercises should be done in a pain-free range. Elbow ROM should be allowed within the comfortable range allowed by the postoperative bandage.
- Active shoulder ROM (glenohumeral joint), lower trapezius setting.

Phase 2: Weeks 2

- Advance passive ROM. Passive motion should be continued and combined with active-assisted motion within the patient's pain tolerance.
- Gentle strengthening exercises with active motion and submaximal isometrics, limited by pain tolerance.
- Edema and inflammation control: continue ice application 20 minutes 2-3 times per day.
- Shoulder strengthening: manual D1 and D2 proprioceptive neuromuscular facilitation to the glenohumeral joint with the patient supine. Scapular strengthening with manual resistance and continued lower trapezius setting.

Phase 3: Weeks 5-7

- Advance strengthening as tolerated to include weights.
- ROM with continued emphasis on end-range and passive overpressure.
- Edema and inflammation control with ice application as above.
- Modified activities in preparation for beginning functional training.
- Gentle massage along and against fiber orientation.
- Counterforce bracing prn

Phase 4: Weeks 8-12

- Continue counterforce bracing if needed.
- Begin task-specific functional training.
- Return to sport or activities as patient tolerates.

This protocol provides you with general instructions for the rehabilitation of the patient undergoing surgical treatment for medial elbow tendinosis.

Specific changes in any 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**.

REFERENCE:

Clinical Orthopaedic Rehabilitation, 2nd edition. SB Brotzman, KE Wilk. Mosby 2003.