



Arthroscopic Lateral Epicondylar Release/Debridement

Michael H. Johnson, MD

Lateral epicondylitis (tennis elbow) is a common cause of elbow pain. The condition most commonly results from chronic degenerative changes at the origin (attachment) of the extensor carpi radialis brevis muscle on the lateral epicondyle of the elbow. If non-operative treatment fails, then surgery is performed. The surgery can be either arthroscopic or open. With arthroscopic surgery the joint side of the tendon origin is visualized and the extensor carpi radialis brevis tendon can be debrided and released without involving the other extensor tendons.

Patients are discharged from the operating room with ace bandage and dressing are removed on the 3rd day after surgery. The steristrips are left on for one week. The sling is worn for one week and then discarded. Light active use is encouraged after the sling is discontinued.

Week 0-6

- Begin ROM of elbow, forearm, wrist, hand
- Specifically stretch the wrist extensor muscles with the elbow extended, the forearm pronated and the wrist and fingers flexed
- Stretch at least 5 times per day with 5 repetitions; hold each stretch for 10 seconds

Week 7-12

- Continue ROM and stretching
- Begin isometric strengthening of wrist extensor muscles. Progress gradually to increasing resistance.
- Caution should be exercised to avoid overuse