

Elbow Lateral Epicondyle Debridement & Common Extensor Tendon Repair

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The surgeon may specify on the referral any specific requests or deviations that fall outside the scope of this protocol, including if *deceleration* of these time frames is desired.

Phase I	Phase II	Phase III	Phase IV
(Weeks 0 – 2 Protection)	(Weeks 2 – 6 Motion)	(Weeks 6 – 12 Strength)	(Weeks 12 – 16+)
<p style="text-align: center;">PRECAUTIONS</p> <ul style="list-style-type: none"> Wear splint at all times until post-op visit Sling for arm support Wrist brace at all times except therapy and hygiene after postop splint removed No lifting with surgical extremity No repetitive activity <p style="text-align: center;">CLINICAL CARE</p> <ul style="list-style-type: none"> Swelling/Wound management Ice and elevation Pain control <p style="text-align: center;">EXERCISES</p> <ul style="list-style-type: none"> Gentle ROM of the fingers in postop splint Gentle ROM of hand, wrist, and elbow Focus on terminal elbow extension <p style="text-align: center;">CRITERIA to advance...</p> <ul style="list-style-type: none"> Splint removal after 1st postoperative clinic visit Limited pain with gentle ROM 	<p style="text-align: center;">PRECAUTIONS</p> <ul style="list-style-type: none"> Wrist brace on for ADLs NO resistance with ROM of the surgical extremity No repetitive activity <p style="text-align: center;">CLINICAL CARE</p> <ul style="list-style-type: none"> Protect repair and promote healing Swelling management Light scar mobilization when wound closed <p style="text-align: center;">EXERCISES</p> <ul style="list-style-type: none"> Full elbow extension/flexion/supination/pronation by 4-6 weeks Maintain ROM of unaffected joints Shoulder isometrics Progress to AAROM Light stretching can begin at 4 weeks with focus on end-range and passive overpressure (low load/long duration) <p style="text-align: center;">CRITERIA to advance...</p> <ul style="list-style-type: none"> At least 6 weeks of healing has occurred since surgery Relatively pain-free ROM to 120° flexion and 0° extension, supination/pronation should be near symmetric with the normal contralateral side 	<p style="text-align: center;">PRECAUTIONS</p> <ul style="list-style-type: none"> No lifting >5 lbs Minimize repetitive activity <p style="text-align: center;">CLINICAL CARE</p> <ul style="list-style-type: none"> Can phase out of wrist brace Full AROM Minimize irritation/inflammation AVOID painful activities Counterforce elbow strap during exercises if pain continues with exercises <p style="text-align: center;">EXERCISES</p> <ul style="list-style-type: none"> Light strengthening to begin with isometrics Advance to resistance and eccentrics as tolerated Strengthening exercises with tubing or 1# weights for elbow, flexion, extension, supination, and pronation to begin around 8 weeks Slow progression of strengthening as symptoms allow Grip strengthening to be pain free with putty or ball <p style="text-align: center;">CRITERIA to advance...</p> <ul style="list-style-type: none"> At least 10 weeks of healing has occurred since surgery Pain free full ROM Improving relatively pain free strengthening exercises 	<p style="text-align: center;">PRECAUTIONS</p> <ul style="list-style-type: none"> Cautious with heavy lifting Limit repetitive activity <p style="text-align: center;">CLINICAL CARE</p> <ul style="list-style-type: none"> Progressive strengthening and endurance Progression of functional activities <p style="text-align: center;">EXERCISES</p> <ul style="list-style-type: none"> Begin task specific functional activity Progressive strengthening exercises to wrist, forearm, and possibly shoulder depending on sport and/or work requirements <p style="text-align: center;">RETURN TO WORK/SPORT:</p> <ul style="list-style-type: none"> At least 12 weeks of healing has occurred since surgery Symptom free task/sport specific activity tolerated