

PARK CITY . HEBER CITY . SALT LAKE CITY

# **Open Lateral Epicondylar Release Rehabilitation Protocol**

## Phase I

Slina

1) 2 weeks for comfort

### Weeks 0-2

- 1) Aims: Protect surgical site
- 2) Patient education
- 3) Gentle layer I skin and scar tissue mobilizations
- 4) Therex: Begin gentle PROM hand, wrist, and elbow
  - Periscapular exercises
- 5) Strength: No resistive exercises/activities
- 6) Minimize ADLs that stress extensor tendon mechanism such as lifting with combined joint movements (i.e. full elbow extension with wrist flexion)
  - 7) Ice for 20 min 2-3 times a day PRN pain

# <u>Phase II</u>

Sling

1) Discontinue sling

#### Weeks 2-4

- 1) Aims: Progressive stretching and AROM
- 2) Modalities PRN inflammation
- 3) Advance tissue mobilizations as tol over common extensor tend.
- 4) Therex: Begin PROM wrist in all planes as tol. Progress to combing PROM with AAROM within end-range of patient's pain tol
  - 5) Begin AROM shoulder, emphasize protraction and retraction
- 6) Strength: Gentle strengthening exercises with active motion and sub maximal isometrics.

### Phase III

#### Weeks 5-7

- 1) Modalities PRN
- 2) Continue with elbow and wrist terminal stretching in all planes
- 3) Therex: Begin active range of motion of the elbow and wrist in all planes
- 4) Strength: Initiate submaximal isometrics of the extensor bundle and progress to endurance training (i.e. low load, high reps)
- -Begin PREs of the flexor/pronator mass when the patient is able to perform full composite stretch pain free
- -Begin rotator cuff and scapular strengthening program with resistance applied above the wrist
  - 5) Modified activities in preparation for beginning functional training.
  - 5) Scapular stabilization exercises

- 6) Proprioception and neuromuscular control drills
- 7) Core activities
- 8) Manual resistance and PNF patterns
- 9) Counterforce bracing to common extensor tendon of forearm. (Including education on proper use to avoid nerve compression.) PRN.

### Phase IV

# **Weeks 8-12**

- 1) Continue counterforce bracing if needed for patient to completed ADLs and/or strengthening activity pain-free.
  - 2) Begin task-specific functional training.
  - 3) Return to higher-level work / recreational activities.