



THE ORTHOPEDIC PARTNERS
AN RCM CLINIC

PARK CITY • HEBER CITY • SALT LAKE CITY

www.utahshoulder.com

Open Lateral Epicondylar Release Rehabilitation Protocol

Phase I

Sling

- 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

Phase II

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.