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Rehabilitation Protocol Post-Op Lateral Epicondylitis Debridement

DISCLAIMER: The following Physical Therapy protocol is intended to be utilized by the clinician as a guideline in the treatment of this disorder. It is based on current research and has been formulated as a collaborative effort between Physicians and Physical Therapists. It is not intended to serve as a substitute for sound clinical decision making. Every patient is a unique case, and it should be anticipated that not all patients will fit into the timelines set forth in this protocol. If the Physical Therapist has any questions regarding the course of treatment, the referring physician should be contacted for further guidance.

Phase 1: Days 1-7

- Position the extremity in a sling for comfort.
- Control edema and inflammation: Apply ice for 20 minutes two to three times a day.
- Exercises:
 - Gentle hand, wrist, and elbow range of motion (ROM) exercises. Exercises should be done in a pain-free ROM.
 - Active shoulder ROM
 - Periscapular exercises
- Patient should minimize the frequency of any activities of daily living (ADLs) that stress the extensor tendon mechanism such as lifting, and combined joint movements (i.e. full elbow extension with wrist flexion). When lifting and/or performing activities with the surgical upper extremity it is advise to have the patient perform such tasks with their palm up to minimize work load f extensor tendons.
- Orthotic:
 - Consider pre-fab / custom wrist splint to minimize wrist extension activity if patient is acutely painful with such activities.
- Elbow pad for protection of incision site.
- Education on work / activity modification.

Phase 2: Weeks 2-4

- Discontinue sling.
- Exercise:
 - Gentle strengthening exercises with active motion and sub maximal isometrics.
- Manual:
 - Edema and inflammation control: Continue to ice application 20 minutes two to three times a day. Tubigrip as needed.
 - Scar management as needed.
- Continue work / activity modification education.

Phase 3: Weeks 5-7

- Exercise:
 - Advanced strengthening as tolerated to include weights or theraband. Focus should be on endurance training of wrist extensors (i.e. light weights, higher repetitions per set).
- Manual:
 - ROM with continued emphasis on restoring full A/PROM.
 - Edema and inflammation control with ice application for 20 minutes after activity.
 - Gentle massage along and against fiber orientation.
- Modified activities in preparation for beginning functional training.
- Orthotic:
 - Counterforce bracing to common extensor tendon of forearm. (Including education on proper use to avoid nerve compression.)

Phase 4: Weeks 8-12

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

References of adaptation:

Post Op Lateral Epicondylitis Debridement. Brigham & Women's Hospital, Boston, MA, 2010.

Brotzman SB, Wilk KE, *Clinical Orthopedic Rehabilitation*. Philadelphia, PA: Mosby Inc; 2003.

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