



Green Bay • Fox Valley • Marinette

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## **Physical Therapy Protocol: Lateral Epicondyle Surgery**

### Philosophy:

Problems around the lateral epicondyle of the elbow are common in patients between the ages of 20-80, and can lead to elbow dysfunction, pain, and loss of grip strength. The disorder can affect either the dominant or non-dominant elbow and is frequently not associated with a specific injury. A common nickname for lateral epicondylitis is “tennis elbow.” The lateral epicondyle post-surgical protocol begins with early immobilization, followed by a progression to motion, strengthening, and then advanced function. These are progressed quickly to prevent the most common cause of failure (elbow stiffness). An excellent result cannot be established without the patient following the therapist’s instructions. The following are guidelines for lateral epicondyle (“tennis elbow”) rehabilitation.

### ***Phase I, surgery to 2 weeks***

#### **OSMS appointments:**

Medical appointment at 2 weeks

Rehabilitation appointments begin 4-6d after surgery

#### **Rehabilitation Goals:**

Promote gentle shoulder, hand and wrist ROM

#### **Precautions:**

Sling for comfort

Protect the incision healing

#### **Suggested Therapeutic Exercises:**

Grip strengthening

Gentle forearm and wrist ROM

#### **Cardiovascular Exercises (with sling on):**

Walking

Stairmaster

#### **Progression Criteria:**

Partial passive ROM

### ***Phase II, 2-4 weeks***



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**OSMS appointments:**

No MD appointments

Rehabilitation appointments every 5-7 days

**Rehabilitation Goals:**

Full discontinuation of sling

Continue shoulder strengthening and ROM

Gentle elbow strengthening with active motion & submaximal isometrics

**Precautions:**

Avoid forceful PROM in extension or flexion

**Suggested Therapeutic Exercises:**

Advance PROM as tolerated to AAROM, focus on eccentric mobile wad stretching

Ball squeezes

**Cardiovascular Exercises:**

Walking or stairmaster

**Progression Criteria:**

Full shoulder/elbow ROM

### *Phase III, 4-6 weeks*

**OSMS appointments:**

MD appointment at 6 weeks

Rehabilitation appointments 1-2/week

**Rehabilitation Goals:**

Task-specific functional training

**Precautions:**

No swimming, throwing, or overhead serves until 12 weeks

**Suggested Therapeutic Exercises:**

Strengthening may include weights and bands

ROM with emphasis on end-range and passive overpressure

Gentle massage in parallel and orthogonal to fiber orientation

Use of counterforce bracing

Work capacity endurance for specific demands

**Progression Criteria:**

The patient can progress to full activities when they have met goals pain-free

Return to throwing and begin swimming at 12 weeks

Throw from pitcher's mound at 18 weeks