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Physical Therapy Protocol: Medial Epicondyle Surgery

Philosophy:

Problems around the medial 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 medial epicondylitis is “golfer’s elbow.” The medial 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 medial epicondyle (“golfer’s 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

Suggested Therapeutic Exercises:

Grip strengthening

Gentle forearm and wrist ROM

Cardiovascular Exercises (with sling on):

Walking or stairmaster

Progression Criteria:

Full, passive ROM

Phase II, 2-4 weeks

OSMS appointments:

No MD appointments

Rehabilitation appointments every 5-7 days

Rehabilitation Goals:



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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 common flexor stretching

Ball squeezes

Cardiovascular Exercises:

Walking or stairmaster

Progression Criteria:

Full 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