



Green Bay • Fox Valley • Marinette

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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 will begin as directed by your physician and as indicated on your rehabilitation order

#### **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



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**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 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