

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 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
- 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

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