

## Lateral Epicondyle (Tennis Elbow) Debridement (with tendon repair) Rehabilitation Guidelines

<b>Phase 1 Precautions: Maintain postoperative splint for 10-14 days after surgery. Avoid lifting, pushing, pulling or forceful gripping with the surgical arm. Balance relative rest for recovery with appropriate amounts of general activity for health, avoiding fear-avoidance behaviors.</b>			
<b>Phase 1: Starts after Surgery</b>	<b>Emphasis on</b>	<b>Orthosis</b>	<b>Exercise</b>
<b>1-2 weeks</b>	<b>Protection</b>  Keep the postoperative splint clean and dry  Minimize swelling  Prevent finger stiffness and loss of motion for the unaffected joints  Avoid upper quadrant pain from holding arm in a guarded position	<b>Postoperative splint: long arm elbow and wrist</b>  A sling may be used when out in the community, removing at home to allow for elevation and therapeutic exercises	<b>Elevation</b>  NWB of the surgical upper extremity  Movement of unaffected joints throughout the day  <b>Suggested Therapeutic Exercise</b> <ul style="list-style-type: none"> <li>• Finger flexion and extension AROM and AAROM for tendon glides</li> <li>• Active finger ABD/ADD, assisted by lacing fingers with contralateral hand</li> <li>• If not contraindicated by a non related shoulder dysfunction: active and active assisted shoulder range of motion through full available motion, glenohumeral ER with scapular retraction</li> <li>• Forward and backward shoulder circles moving the scapula on the thorax</li> <li>• Gentle, pain-free cervical AROM to relieve tension</li> <li>• Abdominal breaths/deep breathing</li> </ul> Encourage staying active throughout the day as able, good sleep hygiene and good hydration and nutritional intake

Please scan QR code for the UVA school of Medicine website where you can find additional protocols.



## Lateral Epicondyle (Tennis Elbow) Debridement (with tendon repair) Rehabilitation Guidelines

2-4 weeks	<p>Postoperative care: 2-week postoperative appointment with the surgical team for wound assessment and suture removal</p> <p>Balance relative rest with appropriate amounts of therapeutic activity for recovery</p> <p>Protect tendon repair</p> <p>Restore elbow range of motion</p> <p>Prevent finger stiffness and loss of motion for the unaffected joints</p>	<p>Cock up wrist orthosis (WHO) placing the wrist in 30-40 degrees wrist extension full time removing hygiene</p> <p>Tubigrip or an ace wrap at the elbow for swelling prn</p>	<p>Suggested Therapeutic Exercise</p> <ul style="list-style-type: none"> <li>Continue previous recommendations</li> <li>AROM elbow flexion/extension</li> </ul> <p>Scar management</p>
<p><b>Phase 2 Precautions: Avoid lifting, pushing, pulling or forceful gripping with the surgical arm. No resistance strengthening until after 6 weeks post op.</b></p>			
Phase 2	Emphasis on	Orthosis	Exercise
4-6 weeks	<p>Continued relative rest for recovery of soft tissue from surgical procedure</p> <p>Restore elbow and wrist range of motion</p> <p>Address compensatory movement patterns</p> <p>Scar management</p>	<p>Cock up wrist orthosis (WHO) placing the wrist in 30-40 degrees wrist extension full time removing for hygiene and wrist AROM</p> <p>Tubigrip or an ace wrap at the elbow for swelling prn</p>	<p>Suggested Therapeutic Exercise</p> <ul style="list-style-type: none"> <li>Continue above recommendations</li> <li>AROM wrist 4-way and forearm rotation</li> <li>Radial nerve glides</li> <li>Scapular stabilization (gravity resisted): examples-prone horizontal ABD with ER, prone elevation in 125 degrees, full can to 90 degrees, serratus anterior wall slides</li> <li>Imagery for return to sport, if applicable</li> </ul>

Please scan QR code for the UVA school of Medicine website where you can find additional protocols.



## Lateral Epicondyle (Tennis Elbow) Debridement (with tendon repair) Rehabilitation Guidelines

Phase 3 Precautions: Gradual weaning from orthosis.

**Avoid pain when strengthening** and progressing ADL's and functional use of the surgical hand.

Phase 3	Emphasis on	Orthosis	Exercise
6-12 weeks	<p>Gradual weaning from orthosis</p> <p>Begin gradual strengthening for functional activities</p> <p>Continue restoration of range of motion, if applicable</p> <p>Restore extrinsic forearm flexibility</p> <p>Encourage progressive functional use of the surgical hand</p>	<p>Wean wrist orthosis as tolerated, consider continuing at night for relative rest and positioning of recovering soft tissues</p>	<p>Suggested Therapeutic Exercise</p> <ul style="list-style-type: none"> <li>• Progressive strengthening wrist and forearm</li> <li>• Forearm flexibility stretches</li> <li>• Scapular stabilization and rotator cuff strengthening</li> <li>• Grip strengthening</li> <li>• Radial nerve glides</li> </ul> <p>Progress ADL's, allowing pain to guide activity</p> <p>Scar management activities</p> <p>Low level return to sport specific activities, progressing as symptoms allow</p>

**Note:** These instructions are to serve as guidelines and are subject to physician discretion. Actual progress may be faster or slower depending on the individual. Return to work and sport/recreation per surgeon discretion.

Please scan QR code for the UVA school of Medicine website where you can find additional protocols.

