

Medial Epicondyle (Golfer's Elbow) Debridement (without tendon repair) Rehabilitation Guidelines

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.			
Phase 1: Starts after Surgery	Emphasis on	Orthosis	Exercise
1-2 weeks	Protection 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	Postoperative splint: posterior long arm elbow and wrist A sling may be used when out in the community, removing at home to allow for elevation and therapeutic exercises	Elevation NWB of the surgical upper extremity Movement of unaffected joints throughout the day Suggested Therapeutic Exercise <ul style="list-style-type: none"> ● Finger flexion and extension AROM and AAROM for tendon glides ● Active finger ABD/ADD, assisted by lacing fingers with contralateral hand ● 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 ● Forward and backward shoulder circles moving the scapula on the thorax ● Gentle, pain-free cervical AROM to relieve tension ● Abdominal breaths/deep breathing 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.



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**Phase 2 Precautions: Avoid lifting, pushing, pulling or forceful gripping with the surgical arm.
No resistance strengthening until after 6 weeks post op.**

Phase 2	Emphasis on	Orthosis	Exercise
2-6 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>Restore range of motion</p> <p>Address compensatory movement patterns</p> <p>Scar management</p>	<p>Wrist orthosis (WHO) placing the wrist in neutral full time removing for hygiene and wrist AROM until acute surgical pain subsides (2-4 weeks)</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"> ● AROM wrist 4-way and forearm rotation ● AROM elbow ● Ulnar nerve glides ● Scapular stabilization (gravity resisted): examples-prone horizontal ABD with ER, prone elevation in 125 degrees, full can to 90 degrees, serratus anterior wall slides ● Imagery for return to sport, if applicable <p>Scar management activities</p>

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Phase 3 Precautions: Gradual weaning from orthosis.

Avoid pain when strengthening and when 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"> • Progressive strengthening wrist and forearm • Forearm flexibility stretches • Scapular stabilization and rotator cuff strengthening • Grip strengthening • Radial nerve glides <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.

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