

Name _____
Date _____
Physician _____



**Patient
Flow Sheet**

**Lateral Epicondylitis
Post Op Protocol**

Phase I – Maximum Protection (0 to 10 Days):

0 to 10 Days:

- Sling For 2 Weeks for comfort
- Ice Continuously
- Gentle layer I skin and scar mobilizations
- Patient education
- Passive Range of Motion for:
- Elbow Flexion and Extension
- Forearm Pronation and Supination

Phase II – Progressive Stretching and Active Motion (10 Days to 4 Weeks):

10 Days to 2 Weeks:

- Discontinue sling at 2 weeks
- Modalities as needed for inflammation
- Advance tissue mobilizations within tolerance over common extensor tendon
- Begin passive wrist range of motion in all planes as tolerated
- Begin active shoulder range of motion, emphasize protraction and retraction

Weeks 2 to 4:

- Continue modalities to control inflammation
- Initiate terminal range of motion stretching as tolerated
- Begin composite stretching of ECRB and EDC (elbow extension, forearm pronation, and wrist flexion)
- Begin active-assistive range of motion in elbow, wrist, and hand in all planes
- Light ADL's and work activities as tolerate

Phase III – Early Strengthening (Weeks 4 to 6):

Weeks 4 to 6:

- Modalities as needed
- Continue with elbow and wrist terminal stretching in all planes
- Begin active range of motion of the elbow and wrist in all planes
- Initiate submaximal isometrics of the extensor bundle
- Begin PREs of the flexor/pronator mass when the patient is able to perform full composite stretch pain free.

- Begin rotator cuff and scapular strengthening program with resistance applied above the wrist
- Scapular stabilization exercises
- Proprioception and neuromuscular control drills
- Core activities
- Manual resistance and PNF patterns

Phase IV – Advanced Strengthening and Plyometric Drills (Week 6 to 10):

Weeks 6 to 8:

- Continue with end range stretching
- Begin wrist and forearm strengthening in all planes, avoiding aggressive wrist extension exercises until week 10 to 12.

Weeks 8 to 12:

- Begin global upper extremity gym strengthening program 3 to 4 times per week in preparation for return to full work and sport activities
- Push-up progression
- Initiate Plyometric Drills (Plyoball wall drills)
- Double arm rebounder drills progressing to single arm

Phase V – Interval Throwing Program

Week 12 and greater:

- Follow-up appointment with physician
- Initiate return to sport program per physician approval

Resources:

Protocol Howard Head
Protocol Dr Wyland

1. Lo MY, Safran MR. Surgical Treatment of Lateral Epicondylitis. *Clin Orthop Rel Res.* 2007;463:98-106.
2. Henry M, Stutz C. A Unified Approach to Radial Tunnel Syndrome and Lateral Tendinosis. *Techniques in Hand and Upper Extremity Surgery.* 2006;10(4):200-205.
3. Fedorczyk JM. Tennis Elbow: Blending Basic Science with Clinical Practice. *Journal of Hand Therapy.* 2006;19(146-153).