

(PROTOCOL #25) POST-OP PROTOCOL FOR LATERAL EPICONDYLE RELEASE

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The following is a set of general guidelines. It is important to remember that each patient is different. The progression of the patient depends on many factors including age and medical health of the patient and physician preferences. Any bracing is discontinued **ONLY UNDER DIRECTION OF PHYSICIAN**

PHASE	FUNCTIONAL PROGRESSION/ACTIVITIES	GOALS/ RESTRICTIONS
Days 1 – 7	<ul style="list-style-type: none"> • Gentle hand, wrist, and elbow range of motion (ROM) exercised. Exercises should be done in a pain-free ROM. • Active shoulder ROM • Periscapular exercises • Patient should minimize the frequency of any activities of daily living (ADLs) that stress the extensor tendon mechanism such as lifting, and combined joint movements (i.e. full elbow extension with wrist flexion). When lifting and/or performing activities with the surgical upper extremity it is advise to have the patient perform such tasks with their palm up to minimize work load from extensor tendons. Consider pre-fab / custom wrist splint to minimize wrist extension activity if patient is acutely painful with such activities. 	<ul style="list-style-type: none"> • Position the extremity in a sling for comfort. • Control edema and inflammation: Apply ice for 20 minutes two to three times a day • Education on work / activity modification
Weeks 2 – 4	<ul style="list-style-type: none"> • Discontinue sling 	<ul style="list-style-type: none"> • Edema and inflammation control: Continue to ice application 20 minutes two to three times a day. Tubigrip as needed • Continue work / activity modifications education
Weeks 5 – 7	<ul style="list-style-type: none"> • Advanced strengthening as tolerated to include weights or theraband. Focus should be on endurance training of wrist extensors (i.e. light weights, higher repetitions per set). 	Edema and inflammation control with ice application for 20 minutes after activity

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	<ul style="list-style-type: none"> • ROM with continued emphasis on restoring full A/PROM • Counterforce bracing to common extensor tendon of forearm. (Including education on proper use to avoid nerve compression.) 	
Weeks 8 – 12	<ul style="list-style-type: none"> • Continue counterforce bracing if needed for patient to completed ADLs and/or strengthening activity pain-free • Begin task-specific functional training 	<ul style="list-style-type: none"> • Return to higher-level work / recreational activities

Refer to enclosed table for suggested exercises which optimize muscle function based on EMG activity.

Approved By:

Physician reserves the right to adjust these protocols for each patient.

Signature: _____ Date: _____
 Robert M. Doane, M.D., P.C.

Signature: _____ Date: _____
 Balu Pisupati, PT