

Tennis Elbow Surgery Rehab Protocol

<u>Phase I</u>

Goals:

- Improve/regain range of motion
- Retard muscle atrophy
- Decrease pain/inflammation

Phase I: Days 1-14

- Movement of the wrist and fingers for 2 minutes, 3-5x/day
- Ice and NSAIDs are utilized for pain control

Phase I: Days 14-21

- Goals for day 21 are 80% of normal elbow ROM
- The arm can be used for light activity only
- Ultrasound
- High Volt Galvanic Stimulation

Phase I: Days 21-28

- Sub maximal Isometrics are started
- The patient begins antigravity wrist flexion, extension, supination and pronation without pain
- If painful the patient is instructed to utilize a counterforce brace during exercising

• Once the patient can perform 30 repetitions, without pain, they can progress to a 1-pound weight or light resistance band. All exercises are performed with the elbow bent to 90° and resting on a table or the lower extremity

Phase II: Intermediate Phase

Goals:

- Full range of motion
- Improve strength/power/endurance
- Initiate functional activities

Phase II: Weeks 4 – 8

• Therapeutic exercises:

Rotator cuff, elbow and scapular stabilization training with light resistance

Aerobic conditioning on a stationary bike or treadmill

Light stretching is encouraged at this stage with emphasis on end range and passive overpressure

Progressive resistive exercises - strengthening wrist flexion, extension,

supination/pronation, ulnar and radial deviation. Progress the patient from a flexed and elbow supported elbow to a fully extended and unsupported elbow

Pain free grip strengthening with putty or ball

Utilize counterforce brace during exercise if pain continues

- Gentle soft tissue mobilization/massage along and against fiber orientation
- Consider use of ice after exercise.

Phase III: Advanced strengthening program

Goals:

- Improve strength/power/endurance
- Gradual return to functional activities

Criteria to Enter Phase III:

- Full non-painful ROM
- No pain/tenderness

Phase III: Weeks 8 – 12

- Begin task specific functional activities
- Initiate interval program and gradual return to sport activities
- Continue wrist, elbow, shoulder and scapular strengthening
- Patient is allowed to return to athletics once their grip strength is normal.

Selected References:

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