Medial Epicondylitis Debridement Physical Therapy Protocol

Name________________________________________________ Date__________________

Diagnosis   s/p RIGHT/LEFT Medial Epicondyle Debridement

Date of Surgery____________________________

Frequency: __________ times/week       Duration: ______ Weeks

____ Week 1:
Wear splint for 7-14 days after surgery.
Active shoulder ROM
Ice 2-5 a time daily to reduce swelling

____ Weeks 2-4:
Remove splint
Begin passive and active hand, wrist and elbow ROM.
Gentle strengthening exercises with active motion
Continue shoulder Strengthening and ROM

____ Weeks 4-8:
Gentle isotonic may begin
At week 6, May advance to more rigorous, resistive exercises including wrist flexion and forearm pronation
Gentle massage along and against fiber orientation
Counterforce bracing in needed
A progressive strengthening program may follow.

____ Weeks 8-12:
Continue counterforce bracing if needed
Begin task-specific functional training
Return to sport or activities by 3-6 months postoperatively

____Functional Capacity Evaluation____ Work Hardening/Work Condition ____ Teach HEP

____ Electric Stimulation  ____ Ultrasound  ____ Iontophoresis  ____ Phonophoresis  ____ TENS
____ Heat before ___ Ice after ___ Trigger points massage ___ Therapist’s discretion

Signature__________________________________________ Date__________________