Beth Israel Lahey Health
Lahey Hospital & Medical Center

Rehabilitation Protocol:

Following Surgery for Lateral Epicondylitis

Department of Orthopaedic Surgery
Lahey Hospital & Medical Center, Burlington 781-744-8650
Lahey Outpatient Center, Lexington 781-372-7020
Lahey Medical Center, Peabody 978-538-4267

Department of Rehabilitation Services
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Lahey Danvers Rehabilitation, Danvers 978-739-7400
Lahey Outpatient Center, Lexington 781-372-7060

◄ Overview

Lateral epicondylitis is a chronic tendonitis of the conjoint tendon near its insertion to the lateral epicondyle of the elbow. Indications for surgery are failure of conservative care with therapy and a maximum of three injections. The surgery procedure consists of removing the degenerative lesion from the tendon and removing a small piece of the tip of the lateral epicondyle.

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◄ Phase I Protective Phase 0−6 Weeks

Goals

- Protect repair
  Prevent elbow stiffness
  Regain muscle-tendon length
  Full elbow and wrist AROM
  Decrease pain and inflammation
  Patient education

Precautions

- No lifting over 1 pound
- No pushing, pulling or heavy grasping
- No repetitive use of arm

Weeks 0–2

Per Dr. Kasparyan:
A posterior elbow/wrist orthosis is constructed with the elbow at a 45 degree angle and wrist in neutral.
Full time wear except for exercises and hygiene
The patient is instructed in the use of tubigrip and ice and other treatments for edema control.
AROM of shoulder and gentle pain free A/AAROM elbow flexion/extension, forearm supination/pronation, wrist flexion/extension, all within patient tolerance and clinical reasoning.

Weeks 2-4

Continue with edema control
Scar management initiated as appropriate once sutures are removed
Continue with A/AAROM elbow flexion/extension, forearm supination/pronation, wrist flexion/extension exercises.

Weeks 4-6

Wean from elbow/wrist splint with use of wrist splint as needed for activities
Continue with scar mobilization and edema management
Modalities as indicated; heat, ultrasound, ice, etc
Continue with A/AAROM elbow flexion/extension, forearm supination/pronation, wrist flexion/extension
May initiate composite extensor stretching
Soft tissue mobilization
Eccentric/Concentric wrist AROM exercises, no weights
Wrist Isometrics per patient tolerance and clinical reasoning

◄ Phase II – Intermediate Phase
Weeks 6 – 12

Goals

- Maintain full AROM
- Improve strength of whole Upper extremity
- Return to full ADLs
- Ergonomic education relative to returning to work as appropriate

Precautions

- No lifting over 5# with involved arm alone
  No repetitive resistive use with ADLs

Weeks 6-8 weeks
AROM and composite extensor stretching as indicated
Continue with edema control/scar management as needed
Eccentric extensor strengthing-1 lb. 3 sets of 10. Progress to 2 lbs., then 3 lbs. depending on patient status and return to work requirements.
Concentric flexor strengthening as above, can progress to 4 lbs. relative to return to work requirements
Grip strengthening

Weeks 8-12 weeks
Begin task specific functional training for return to work and leisure tasks if indicated
Progressive strengthening with upper body machines, BTE if indicated
Return to recreational activities and full work duties.