
Lateral Epicondylitis (Tennis Elbow) Post-Operative Rehabilitation Protocol Illinois Bone & Joint Institute

The intent of this protocol is to provide the clinician with a guideline for the postoperative rehabilitation course of a patient that has undergone surgery for lateral epicondylitis. This protocol is no means intended to be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam/findings, individual progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient they should consult with the referring surgeon.

Phase 1: **Time Frame:** 0-2 weeks

Immobilization: Sling for comfort

Restrictions: No strengthening or repetitive activities

Exercises: Shoulder, elbow, wrist and hand A/PROM. The initial focus should be on regaining terminal elbow extension. Use elevation and ice to treat elbow swelling with modalities per the therapist discretion.

Phase 2: **Time Frame:** 2-6 weeks

Immobilization: Sling is discontinued. Use counterforce brace when performing ADL's.

Restrictions: No strengthening, minimize repetitive activities.

Exercises: Gradually increases A/PROM exercises. It is anticipated by the end 4-6 weeks post-surgery to have regained full ROM. Begin shoulder isometrics (scapula, abduction and external rotation, avoid IR resistance). Modalities used as needed.

Phase 3: **Time Frame:** 6-12 weeks

Immobilization: Counterforce brace for ADL's

Restrictions: Avoid pain. If therapeutic exercises are causing pain, in particular post-exercise, drop back to early phase of rehabilitation until pain free.

Exercises: Continue with ROM exercises. Add strengthening exercises starting with isometric exercises. Advance to resistance exercises and eccentric strengthening as tolerated. Use modalities as needed.

Phase 4: **Time Frame:** 12+ weeks

Immobilization: Continue with counterforce brace until asymptomatic with full ROM and normal strength.

Restrictions: No specific restrictions. Patients ROM, strength and endurance should be advanced progressively while avoiding pain.

Exercises: ROM should be restored; if not, continue to address with stretching and a HEP. Aggressive upper-body strengthening and begin plyometric training.

Goal: Usual return to full activities is 4 months after surgery.