

Dr. Cory D. Smith | Orthopedic Surgery and Sports Medicine

Shoulder Reconstruction & Arthroplasty

Hip, Shoulder, Knee, and Elbow Arthroscopy

Physical Therapy Protocol: TENNIS AND/OR GOLFER'S ELBOW

Recommendation: PT/ OT 2-3 visits per week for 6-8 weeks

First 7 Days (Goal: Allow reduction of initial surgical inflammation, allow the incision to heal)

- Position the extremity in a sling for comfort. Wear a wrist splint at all times (except for hygiene).
- Control edema and inflammation -- apply ice for 20 minutes 2-3x daily.
- Gentle hand, wrist, and elbow range of motion (ROM) exercises. Exercises should be done in a pain-free ROM.
- Active shoulder ROM and periscapular exercises
- Patient should minimize the frequency of any activities of daily living (ADLs) that stress the extensor/flexor tendon mechanism such as lifting, and combined joint movements (full elbow extension with wrist flexion)
- Protection of incision site -- keep dressing intact and dry.
- Education on work/activity modification -- avoid lifting on the surgical side (max 2-3 lbs)

Weeks 1-3 (Goal: Allow incision to fully heal, maintain elbow ROM and wrist ROM)

- Discontinue sling.
- Begin passive range of motion (PROM). Passive motion should be continued and combined with active-assisted motion within end range of the patient's pain tolerance.
- Gentle strengthening exercises with active motion and submaximal isometrics.
- Edema and inflammation control: Continue to ice application 20 minutes 2-3x daily. Tubigrip as needed. Scar management as needed.
- Continue work/activity modification education -- avoid lifting on surgical side (max 5-7 lbs)

Weeks 4-6 (Goal: Begin strengthening and being return to normal ADLs)

- Advanced strengthening as tolerated to include weights. Focus should be on endurance training of wrist extensors and/or flexors (i.e., light weights, higher repetitions per set).
- ROM with continued emphasis on restoring full A/PROM.
- Edema and inflammation control with ice after rehab. Gentle massage along and against fiber orientation.
- Counterforce bracing to common extensor tendon/flexor tendon of forearm for tennis elbow/golfers elbow release. If both performed-utilize more symptomatic side (including education on proper use to avoid nerve compression).

Weeks 6-10 (Goal: Return to normal work, sport, and daily living)

- Continue counterforce bracing if needed for the patient to complete ADLs.
- Begin task-specific functional training.
- Return to higher-level work/recreational activities.