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Lateral/Medial Epicondylectomy Rehab Protocol

Lateral epicondylitis is a chronic condition that forms in the extensor carpi radialis brevis conjoined tendon as it nears the insertion over the lateral epicondyle, over the elbow. Generally known as tennis elbow, it is a progressive inflammation of this area that becomes less tolerable with increased activity. In general, it is treated conservatively with counter force bracing, physical therapy, strengthening and stretching exercises as well as corticosteroid therapy. In general, patients are permitted several injections before proceeding to a surgical procedure. If pain relief is lasting less than one month, the patient is likely a candidate for surgical intervention. The procedure is an outpatient procedure generally performed in an outpatient setting and includes debridement of the deconditioned tendon as well as possibly removal of a small piece of the lateral epicondyle. Patient's can generally return to sedentary or light duty work within the week and return to full duty in heavy labor positions by 6 weeks, generally released from care at 10-12 weeks.

Day of Surgery:

Patients are placed into a light dressing. They are encouraged to do range of motion exercises with their fingers, wrist and elbow. The goal is to restore full range of motion to the elbow by 2 weeks. Patients are instructed not to lift, push, pull or do any heavy grasping but are otherwise permitted to do activities of daily living. The postoperative dressing can be removed at home 24 to 48 hours after surgery. Sutures are placed under the skin which allows the wound to be dressed with a simple Ace wrap after the first dressing change.

First Post-op Visit: (5 to 7 days)

Patients are instructed in range of motion exercises and reminded of restrictions, lifting greater than one pound is not permitted. Patients can return to work at this point but no repetitive work is allowed, no lifting greater than 1 pound and no pushing, pulling, or heavy grasping.

Second Post-op Visit: (5 to 6 weeks)

The patient should have full range of motion at this phase. Patients are referred to physical therapy for initiation of progressive strengthening program. Individuals working in lighter sedentary occupations may be released to full duty at this point. Laborers will be starting strengthening phase of training and will be expected to return to full duty approximately 10-12 weeks. Lifting is limited to approximately 10 pounds at this phase.

Third Post-op Visit: (10-12 weeks)

Patients should have achieved all physical therapy goals with restoration of full grip strength and full range of motion. Maximum medical improvement is expected at this stage and patients are released from care.