



**Brian Waterman, MD**

SPORTS MEDICINE & ORTHOPEDICS

**Post-Operative Rehabilitation Guidelines for Medial/Lateral Epicondyle Debridement**

**Name:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

**Date of**

**Surgery** \_\_\_\_\_

Frequency: 1 2 3 4 times/week

Duration: 1 2 3 4 5 6 Weeks

**0-6 Weeks:**

- Posterior mold splint and sling until first post-op visit
- Splint removed and use of cock up wrist splint for weeks 2-6
- Advance PROM into AAROM and AROM as tolerated
- No resisted supination or pronation
- No lifting
- Desensitization and scar massage as soon as sutures are removed

**6-12 Weeks:**

- Once motion achieved, progress into bands
- Lifting initiated in forearm supination or neutral
- Light lifting with pronation initiated as tolerated by week 9

**12-16 Weeks:**

- Progress lifting in all forearm positions as tolerated

Full return to activity as tolerated

**Comments:**

\_\_\_ Functional Capacity Evaluation \_\_\_ Work Hardening/Work Conditioning \_\_\_ Teach HEP

**Modalities:**

\_\_\_ Electric Stimulation \_\_\_ Ultrasound \_\_\_ Iontophoresis \_\_\_ Phonophoresis  
\_\_\_ TENS \_\_\_ Heat before/after \_\_\_ Ice before/after \_\_\_ Trigger points massage  
\_\_\_ Therapist's discretion  
\_\_\_ Other \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_