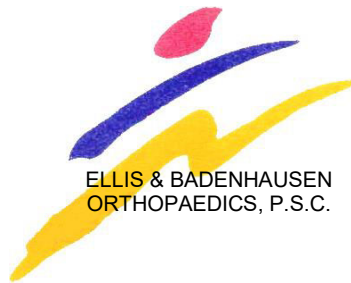


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ORTHOPAEDIC SURGERY  
FRACTURES  
JOINT REPLACEMENT  
SPORTS MEDICINE

## **COMMON EXTENSOR TENDON (ELBOW) REPAIR PROTOCOL**

### **Phase I: Days 1-7**

- Movement of the wrist and fingers for 2 minutes, 3-5x/day.
- Cryotherapy utilized for pain control, 3-5x/day.
- The patient educated on the signs of wound infection; including excessive swelling, redness, excessive heat, oozing from the incision, a dramatic increase in pain or a fever greater than 100° for more than one day.
- Day 3: Showering is allowed after bandages removed.
- Day 3: Gentle, pain-free elbow, wrist and shoulder ROM initiated. At this point, a sling is optional.

### **Phase I: Days 7-14**

- Progressing towards normal ROM is encouraged, in and out of the shower.
- Goals for day 17 are 80% of normal elbow and wrist ROM.
- The arm can be used for light activity only. No significant gripping or lifting.
- Continue cryotherapy 2-3x/day.

### **Phase I: Days 15-21**

- Submaximal Isometrics are started into wrist flexion, radial dev, ulnar dev, supination, pronation, supinated elbow flexion and pronated elbow extension. Has to be pain free during resistance.
- The patient begins antigravity wrist flexion, extension, supination and pronation in a pain free range. If painful, the patient is instructed to utilize a tennis elbow brace while exercising.
- Once the patient can perform 30 repetitions, without pain, they can progress to a 1-pound weight or light resistance band with all directions except wrist extension. All exercises are performed with the elbow bent to 90° and resting on a table or lower extremity.
- Cryotherapy after exercise.

### **Phase II: Weeks 3 – 6** (Goals: Pain level less than pre-surgery level Full ROM of wrist and elbow.)

- Therapeutic exercises: Rotator cuff, elbow and scapular stabilization training with light resistance. Wrist flexion, extension, supination/pronation, ulnar and radial deviation with resistance as tolerated. Progress the patient from a flexed and elbow supported elbow to a fully extended and unsupported elbow.
- Aerobic conditioning on a stationary bike, elliptical or treadmill.
- Light stretching is encouraged at this stage with emphasis on end range and passive overpressure (low load/long duration).
- Pain free grip strengthening with putty or ball. Utilize counterforce brace during exercise if pain continues.
- Gentle soft tissue mobilization/massage along and against fiber orientation.
- Cryotherapy after exercise.

### **Phase III: Weeks 8 – 12**

- Begin task specific functional activities.
- Return to sport specific activities as tolerated.
- Continue counterforce bracing if needed.
- Continue wrist, elbow, shoulder and scapular strengthening.
- Patient is allowed to return to athletics once their grip strength is normal and pain free.

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