



Medial/Lateral Epicondylar Release Protocol

Phase 1

- **Sling w/ immobilizing splint:** Full time, including sleep/showering, Weeks 0-2
- **Weeks 0-2 (Sling and splint)**
 - Perform scapular stability (shrugs, retraction) exercises as shown
 - Active motion of the shoulder is acceptable. Minimal movement such as light grip/relaxing of the hand is encouraged soon after surgery.
 - **Minimize resistance/ holding objects with the arm/hand. Minimize wrist flex/extension and forearm twisting as much as possible.**

Phase 2

- **Weeks 2-4 (Splint will be removed at the 2 week visit)**
 - Begin rehab with gentle stretching of the wrist as instructed. Introduce passive, then active wrist motion. It is normal to have limited motion when beginning this phase. Hold 30-60 seconds, focusing on frequent and pain free stretching
 - Goals: Gain mobility and begin light isometric exercises as tolerated
 - Begin soft tissue mobilization therapy over surgical area: massage, etc
 - Begin performing daily activities. Avoid demanding/ repetitive movements
 - Continue active shoulder/ elbow ROM, limit hand use and forearm twisting
 - **Light to moderate use OK, such as normal daily tasks**
 - **Do not perform intense or sports type activity, which may impair healing**

Phase 3

- **Weeks 4-6**
 - Continue soft tissue mobilization therapy/ massage
 - Begin terminal stretching of the wrist in flexion/extension, hold 30-60 seconds. Goal: achieve similar motion compared to other hand/wrist
 - Advance submaximal isometrics and introduce PRE (Progressive Resistance Exercises). Begin endurance training of the elbow/ wrist: low resistance and high reps
 - **Do not perform intense or sports type activity, which may impair healing**
- **Weeks 6-8**
 - Begin cuff strengthening and scapular stability activity involving the limb with resistance applied proximal to the elbow. Take care to avoid overstressing the surgical site
 - **May begin modified/limited sporting activities involving hand/ wrist/ forearm, related to eventual return to activity. Usually 50-75% intensity. Limit activity as guided by discomfort (Ex. Chipping and putting)**

Phase 4

➤ Weeks 8-12

- Continue to perform stretching, soft tissue mobilization, and PRE's.
- Increase isometrics and endurance training: low resistance and high reps
- **Progress towards functional training. Begin at 75% intensity, limit as guided by discomfort**
- **Avoid overuse. Balance with other types of exercise/activity**

➤ Full Recovery

- Return to full activity. You may need to temporarily limit activity as guided by discomfort (Ex. sub-maximal intensity)
- Use ice/heat, and anti-inflammatories occasionally as needed
 - Other modalities such as bracing/ taping, compression, ultrasound, steroid injections, and ESWT (Extracorporeal Shock Wave Therapy) may be useful in managing these conditions as well
- Continue multi-directional wrist extension stretches and/ or waiters' tip stretches several times daily for several months after surgery

