

MEDIAL EPICONDYLITIS (GOLFER'S ELBOW) RELEASE REHAB PROTOCOL

Please correlate rehab plan with operation note for patient specific post-operative plan
base on intra-operative findings

- 0-6 weeks
 - Gentle active finger exercises from 0 weeks
 - No active wrist flexion in medial epicondylitis for 6 weeks
 - 0-2 weeks:
 - Above elbow muenster cast and sling immobilisation
 - Gentle active elbow small arc range of motion in cast
 - After 2 weeks:
 - Wean out of sling, continue use in at risk environment
 - Wrist splint/brace during day and sleep, except during exercises
 - Gentle passive wrist/elbow range of motion as pain allows
 - Gentle active wrist extension only, no active flexion in medial epicondylitis
 - Active elbow range of motion
 - After 4 weeks:
 - Start painfree submax isometric wrist with hand in full grip, wrist in neutral and elbow at 90 degrees
- After 6 weeks
 - Continue with above
 - Passive wrist range of motion in all direction, wrist extension stretching
 - Begin gentle active wrist flexion as tolerated (aid pain with counterforce brace to common flexor origin of forearm – ensure education on proper counterforce brace use during at risk activities with rest periods to avoid nerve compression/irritation)
 - Aim to regain full active wrist range of motion (flexion/extension/pronosupination) by 12 weeks
- After 12 weeks
 - Begin gradual strengthening (focus on eccentric strengthening of flexors)
 - Continue with counterforce bracing as required for ADLs and/or strengthening to ensure pain-free activity and avoid re-injury to common flexor origin
- After 16 weeks
 - Begin work and sport specific strengthening
- After 6 months
 - Return to heavy labour/sports
- Follow-up appointment:
 - 2 week clinic for wound check
 - 6 week clinic with Mr Francis Ting
 - 12 weeks clinic with Mr Francis Ting