

## LATERAL EPICONDYLITIS (TENNIS 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 extension in lateral 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 flexion only, no active extension in lateral 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 flexion stretching
  - Begin gentle active wrist extension as tolerated (aid pain with counterforce brace to common extensor tendon 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 extensors)
  - Continue with counterforce bracing as required for ADLs and/or strengthening to ensure pain-free activity and avoid re-injury to common extensor 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