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Charlotte Shoulder Institute

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DISCHARGE INSTRUCTIONS & PHYSICAL THERAPY INSTRUCTIONS FOR ELBOW LATERAL EPICONDYLE DEBRIDEMENT/EXTENSOR TENDON REPAIR

Recovery after elbow surgery entails controlling swelling and discomfort. The following instructions are intended as a guide to help you heal and recover as quickly as possible after your hand surgery.

A. COMFORT:

Although surgery uses only one small incision on the elbow, swelling and discomfort can be present. To minimize your discomfort, please do the following:

1. **Ice** – Ice controls swelling and discomfort by slowing down the circulation in your hand. Place crushed ice in a cloth covered plastic bag, then wrap the bag with a small towel to protect your skin. Place the ice over your hand for no more than 10 minutes, 3 times a day.
2. **Pain Medication** – If your physician has prescribed a pain medication for you, take it as prescribed, but only as often as necessary. If no pain medication has been prescribed, Extra-Strength Tylenol can be used if not allergic or have any medical conditions limiting its use. **Avoid alcohol if you are taking pain medication.**
3. **Splint** – A splint may have been applied to your elbow to immobilize your elbow to allow for healing. Leave the splint on until your first post-operative visit.

B. ACTIVITIES:

1. **Range-of-Motion** – Move your shoulder/wrist through a full range-of-motion as tolerated.
2. **Athletic Activities** – Athletic activities, such as swimming, bicycling, jogging, racquet sports, running and stop-and-go sports, should be **avoided** until allowed by and discussed with your doctor after your first follow-up visit.
3. **Return to Work** – Return to work as soon as possible while limiting pressure on your elbow. You should not lift anything heavier than a cup of coffee. Your ability to work depends on a number of factors – your level of discomfort and how much demand your job puts on your elbow and hand. If you have any questions, please call your doctor.
4. **Driving –** Driving is NOT permitted as long as there is significant tenderness and dysfunction in the operative hand.

C. WOUND CARE:

1. Keep the dressing clean and dry until your first post-operative visit.
2. You may shower 1 day after surgery provided the dressing remains dry. Cover the dressing with a plastic bag while showering.
3. Bathing, swimming and soaking should be avoided until allowed by your doctor – Usually 2-3 weeks after your surgery.
4. Healing requires several months and **your** cooperation.

D. EATING:

1. Your first few meals, after surgery, should include light, easily digestible foods and plenty of liquids, since some people experience slight nausea as a temporary reaction to anesthesia.

E. CALL YOUR PHYSICIAN IF:

1. Pain in your hand persists or worsens in the first few days after surgery.
2. Excessive redness or drainage of cloudy or bloody material presents itself on the dressing or around the incision.
3. You have a temperature elevation greater than 101° with no apparent cause.
4. You have pain, swelling or redness in your arm or hand.
5. You notice new numbness or weakness in your arm or hand.
6. Chest pain or difficulty breathing.

F. RETURN TO THE OFFICE:

1. Your first return to our office should be approximately 7-10 days after your surgery. Call your physician's office to make an appointment for this first post-operative visit.

PHYSICAL THERAPY INSTRUCTIONS ELBOW LATERAL EPICONDYLE DEBRIDEMENT/COMMON EXTENSOR TENDON REPAIR

The intent of this protocol is to provide the clinician with a guideline of the post-operative rehabilitation course of a patient that has undergone lateral epicondyle debridement and common extensor tendon repair. It is by no means intended to be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam/findings, individual progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient they should consult with the referring surgeon.

Phase 1: Days 1-7

- Position the extremity in a sling for comfort.
- Control edema and inflammation: Apply ice for 20 minutes two to three times a day.
- Gentle hand and wrist range of motion (ROM) exercises. Exercises should be done in a pain-free ROM.
- Active shoulder ROM
- Periscapular exercices
- Patient should minimize the frequency of any activities of daily living (ADLs) that stress the extensor tendon mechanism such as lifting, and combined joint movements (i.e. full elbow extension with wrist flexion). When lifting and/or performing activities with the surgical upper extremity it is advise to have the patient perform such tasks with their palm up to minimize work load of extensor tendons.
- Education on work / activity modification.

Phase 2: Weeks 2-4

- Discontinue sling.
- Begin passive range of motion (PROM). Passive motion should be continued and combined with active-assisted motion within end-range of patient's pain tolerance
- Gentle strengthening exercises with active motion and sub maximal isometrics.
- Edema and inflammation control: Continue to ice application 20 minutes two to three times a day. Tubigrip as needed.
- Scar management as needed.
- Continue work / activity modification education.

Phase 3: Weeks 5-7

- Advanced strengthening as tolerated to include weights or theraband. Focus should be on endurance training of wrist extensors (i.e. light weights, higher repetitions per set).

- ROM with continued emphasis on restoring full A/PROM.
- Edema and inflammation control with ice application for 20 minutes after activity.
- Modified activities in preparation for beginning functional training.
- Gentle massage along and against fiber orientation.
- Counterforce bracing to common extensor tendon of forearm. (Including education on proper use to avoid nerve compression.)

Phase 4: Weeks 8-12

- Continue counterforce bracing if needed for patient to completed ADLs and/or strengthening activity pain-free.
- Begin task-specific functional training.
- Return to higher-level work / recreational activities.

Reference:

Brotzman SB, Wilk KE, *Clinical Orthopeadic Rehabilitation*. Philadelphia, PA: Mosby Inc; 2003.