

## Elbow Arthroscopy Rehabilitation Protocol Following Excision

### General notes:

No activity should cause sharp pain during the exercise or a significant increase in pain afterwards. "As tolerated" means that all prior phases and steps have been achieved and that the activity does not cause pain.

Ice should be applied to the elbow for 20 minutes following each exercise, therapy, or training session.

All times and exercises are to serve as guidelines. Actual progress may be faster or slower, depending on each individual patient, as agreed upon by the patient and his/her team of providers

### Phase 1: Post-Operative Week 1

**Brace:** None, utilize sling for comfort

#### Therapeutic Exercises:

- Finger, hand and wrist motion encouraged

### Phase 2: Post-Operative Weeks 2 to 4:

**Brace:** discontinue sling as tolerated

#### ROM (range of motion) Goals:

Active (your muscle causes movement) and active assisted (surgical arm gets help moving) to regain elbow ROM; regain full extension, flexion, pronation, supination as tolerated

#### Therapeutic Exercises:

- Strengthening: formal strengthening will begin when full ROM has been re-established
- Core Strengthening: may be initiated as tolerated, non-weight bearing upper extremities
- Conditioning: stationary bike, elliptical may be initiated as tolerated

### Phase 3: Post-Operative Weeks 5 to 8:

#### ROM (range of motion) Goals:

- Full ROM

#### Therapeutic Exercises:

- Strengthening: resistance exercises allowed as tolerated, in all planes
- Core Strengthening: continue with core strengthening
- Conditioning: as tolerated; upper extremity weight-bearing activities

### Phase 4: Return to play, Post-Operative Weeks 9 and beyond

#### Therapeutic Exercises:

- Strengthening: upper body plyometric activities may be added in slowly after full ROM and strength have been regained
- Conditioning: progress as tolerated
- Throwing rehabilitation: interval throwing may begin after full ROM and strength have been gained

### Phase 5: Return to play

Final clearance for full, unrestricted return to play will be determined by the medical provider (physician, physician assistant)