

## Elbow OCD Arthroscopy/Drilling/Excision Rehabilitation Protocol

### General notes:

"As tolerated" should be understood to include with safety for the surgery; pain, swelling, or other undesirable factors are indicators that you are doing too much too soon. If any of these should occur, decrease activity level and ice.

Ice should be applied to the elbow for 15-20 minutes following each exercise, therapy, or training session.

Return to sport is based on provider team (physician, physician assistant, athletic trainer, therapist) input and appropriate testing.

**All times and exercises are to serve as guidelines. Progression through the protocol should be based upon criteria as opposed to dates listed and will vary depending on each individual patient. Progress should be agreed upon by the patient and his/her team of providers.**

### Post-Operative Phase 1: (Day 1- Week 4)

#### Brace:

- As needed to restrict motion,
- Utilize sling for comfort-take arm out of sling and gently straighten elbow at least 3x/day (unless braces or immobilized)

#### ROM:

- Progress to full and painless

#### Therapeutic Exercises:

- Finger, hand and wrist motion encouraged
- Initiate isometrics and progress to isotonic as tolerated in available ROM
- UBE for ROM only
- Core Strengthening initiated as tolerated
- Periscapular and shoulder strengthening
- All therapeutic exercises should be completed in a non-weight bearing manner

#### Manual:

- Joint mobilizations to increase pain free ROM
- Scar Massage

#### Proprioception

- Non-weight bearing rhythmic stabilization drills

#### Cardio

- Stationary bike and elliptical may be initiated as tolerated

#### Modalities

- Cryotherapy
- Electrical stimulation

### Post-Operative Phase II: (Weeks 4 to 6):

#### Brace: none

#### ROM: Full and painless

#### Therapeutic Exercises:

- UBE
- Core strengthening
- Periscapular and shoulder strengthening
- Isotonic elbow, forearm and wrist strengthening
- All therapeutic exercises should be completed in a non-weight bearing manner for arthroscopic drilling

**Proprioception:** non-weight bearing rhythmic stabilization drills

**Cardio:** stationary bike and elliptical

**Modalities:** cryotherapy

#### Progression to Phase III:

- Involved shoulder and elbow strength 80% of non-involved side
- Satisfactory proprioception

### Post-Operative Phase III: (weeks 6 to 12)

#### Brace: none

#### ROM: full and painless

#### Therapeutic Exercises:

- UBE
- Core strengthening
- Periscapular and shoulder strengthening

- Isotonic, elbow, forearm and wrist strengthening
- Initiate weight bearing exercises and plyometrics week 8 for arthroscopic drilling

**Proprioception:** Rhythmic stabilization drills

**Cardio:** stationary bike and elliptical

**Modalities:**

- Cryotherapy
- Electrical stimulation as needed

**Progression to Phase IV:**

- Involved shoulder and elbow strength to 100% of non-involved side
- Satisfactory proprioception
- No pain with weight bearing through involved extremity

**Post-op Phase IV: (Week 12 on)**

**Brace:**

- none

**ROM:**

- Full and painless

**Therapeutic Exercises:**

- UBE
- Core strengthening
- Periscapular and shoulder strengthening
- Weight bearing and plyometric exercises
- Initiated return to throwing program week 12

**Proprioception**

- Rhythmic stabilization drills

**Cardio**

- Stationary bike and elliptical

**Modalities**

- Cryotherapy
- Electrical stimulation

**Progression to Phase V:**

- Successful completion of interval throwing program

**Phase V: Return to Sport**

**Follow up testing determined by your healthcare team:**

**Overhead Athletes**

**ROM:** shoulder and elbow

**Strength:**

- Manual muscle testing shoulder and elbow
- Isokinetic testing shoulder and elbow
- Grip strength

**Proprioception**

- shoulder

**Functional tests**

- specific to throwing

**Upper Extremity Weight Bearing Athletes**

**ROM:** Elbow

**Strength:**

- Manual muscle testing
- Isokinetic testing
- Grip strength

**Proprioception**

**Functional Tests**

- Specific to weight bearing