

MEDIAL EPICONDYLE ORIF REHAB GUIDELINES

PHASE 1 – IMMEDIATE POST OP 0-2 WEEKS:

PRECAUTIONS/ACTIVITY GUIDELINES

- Brace and ROM limitations
- Splint for 10-14 days at 90 degrees of elbow flexion
- Light soft tissue mobilization, not directly on the scar, to improve blood flow and reduce edema
- No elbow joint mobilizations for 6 weeks
- No wrist flexor or pronator strengthening for 6 weeks
- No aggressive wrist flexor or pronator stretching for 6 weeks
- No valgus stress to the medial elbow for 6 weeks (consider with PROM and strengthening of shoulder)
- No lifting >5 lbs for 8 weeks (could be longer if other surgical interventions perform)

GOALS

- Protection of incision
- Allow for bone healing
- Decrease pain and inflammation
- Patient education: bone healing time, activity modification, swelling management, HEP
- No elbow AROM, incisions clean and dry, immobilization per physician instructions

EXERCISES/PT INTERVENTIONS

Initial post-operative home exercises:

- Posture education
- Elbow immobilized per physician instructions
- Scapular control exercises (side lying clocks, seated retractions, scapular PNF)
- No active elbow OR wrist extension, flexion, pronation, supination

CRITERIA TO PROGRESS TO PHASE 2

- Protect the repair/incision site
- Minimal pain
- Minimal to no edema
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PHASE 2 – PROM progression to AROM (2-6 weeks)

GOALS

- Slow progression of elbow extension and flexion ROM (Do not push aggressively)
- Manage pain and inflammation
- Promote tissue and bone healing
- No soft tissue mobilization or cross friction massage directly on the scar for 6 weeks
- No elbow joint mobilizations for 6 weeks

- No wrist flexion or pronator strengthening for 6 weeks
- No wrist flexor or pronator stretching for 6 weeks
- No valgus stress to elbow for 6 weeks
- Vaso and E-stim for pain and edema control

EXERCISES/PT INTERVENTIONS

- Hinged brace from weeks 2-6
 - Week 2-3: 30 deg - 100 deg range
 - Week 3-4: 20 deg -110 deg range
 - Week 4-5: 10 deg -120 deg range
 - Week 5-6: 0 deg-130 deg range
- Gentle PROM of elbow and wrist (Do not push ROM into pain) Muscular end feel: traditional stretching Capsular/firm end feel: low load, long duration
- Progress to elbow AROM at 4 weeks
- Ulnar nerve mobility if needed (avoid valgus stress to elbow with nerve glide)
- Shoulder strengthening (wrist weights for S/L ER and prone scap series)
- Light rhythmic stabilizations proximal to elbow
- Continue trunk/core strengthening, LE strengthening, and balance (no holding medicine balls/weight OR weight bearing with involved arm)
- Shoulder PROM (DO NOT APPLY PRESSURE DISTAL TO ELBOW FOR ER/IR; USE HUMERUS)

CRITERIA TO PROGRESS TO PHASE 3

- Shoulder total arc of motion (ER+IR at 90 degrees of abduction) dominant + non-dominant
- Pain free with exercise
- No swelling
- Full PROM of elbow (refer back to physician if not achieved)

Phase 3- Intermediate Phase (6-12 weeks)

GOALS

- Gradual increase to WNL elbow and forearm ROM in all planes
- Pain free with all exercises
- NO swelling
- Initiate light strengthening of wrist and elbow musculature
- Promote proper scapular control and mobility
- Improve overall conditioning and strength

EXERCISES/PT INTERVENTION

POST OP 6-8 WEEKS:

- Unlock brace to full motion at 6 weeks
- Wean from brace at 8 weeks
- Focus on elbow extension and flexion AROM
- Initiate pain-free wrist and elbow strengthening at 6 weeks **Delay if flexor-pronator mass is repaired (check with surgeon)
- Continue balance, lower extremity strengthening, and core strengthening
- Continue shoulder ROM and strengthening (no valgus stress on the elbow) - Ex: s/l ER, rows, rhythmic stabilizations, horizontal abduction
- Scapular stability and control exercises (side-lying, prone)

CRITERIA TO PROGRESS TO NEXT PHASE:

- Pain free with all exercises
- Full AROM of elbow
- Symmetrical hip ROM
- 5/5 lower extremity strength (MMT)
- 50 degrees of seated thoracic rotation each direction
- Shoulder total arc of motion dominant = non-dominant
- 4/5-5/5 MMT of involved shoulder musculature

POST OP 8-12 WEEKS

- Wean from brace at week 8
- Plyometric progression can be initiated at week 10 (1 week double arm, 1 week single arm)
- Example interventions:
 - Prone 90/90 ER, prone quick drops
 - Rhythmic stabilization - PNF patterns
 - Double arm plyometrics: Medicine ball chest pass, chops
 - Single arm plyometrics: 90/90 ball on wall/tramp, manual plyo's
- Throwing mechanics/Towel drills initiated same week as single arm plyometrics (need to be pain-free)
- Weight bearing on involved arm at week 8
- Running at week 8

CRITERIA TO PROGRESS TO PHASE 4:

- Pain-free, full AROM of shoulder and elbow
- 5/5 MMT or within 10% of uninvolved side with HHD for shoulder /rotator cuff strength
- 5/5 MMT or within 10% of uninvolved side with HHD for scapulothoracic musculature

Phase 4- RETURN TO SPORT (WEEKS 12+)

GOALS

- Progress back to sport level conditioning

EXERCISES/PT INTERVENTION

- Continue lower extremity and core interventions as needed
- Continue plyometrics and towel drills as necessary
- Criteria for return to throwing program
 - Physician clearance
 - 5/5 MMT or within 10% of uninjured with HHD
 - Full AROM
 - Pain-free towel drills and plyometric drills
- Initiate return to throwing program