



ORTHOPEDIC ASSOCIATES OF LANCASTER, LTD

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Shoulder & Elbow Surgery

REHABILITATION PROTOCOL: COMMON EXTENSOR TENDON DEBRIDEMENT AND REPAIR

PHASE 1: 0-6 WEEKS

GOALS FOR PHASE 1

- Protect healing repair • Minimize pain and edema • Patient education

ORTHOSIS

- Splint and sling 0-2 weeks post op
- At 2 week post-op, the sling is discontinued. Fabricate a custom wrist hand orthosis in slight wrist extension if ordered by MD, however, typically the patient will be issued a wrist hand orthosis by MD office at the first follow up visit. Orthosis/wrist brace to be worn at all times
- An elbow pad may be fitted to protect the lateral elbow

EDEMA MANAGEMENT

- Light compressive dressing or sleeve may be applied to elbow, forearm and wrist
- Manual Edema Mobilization (MEM) as needed

SCAR MANAGEMENT

- Scar mobilization may be initiated two days following suture removal as long as incision is well-healed with no open areas and no drainage
- Apply scar remodeling products as needed

RANGE OF MOTION (ROM)

- ROM to shoulder, elbow, and digits to maintain motion
 - o No wrist ROM during this phase from 0-4 weeks to begin gentle submaximal pain free AAROM wrist motion in gravity-eliminated plane to improve joint mobility.
- No AROM of wrist or prolonged wrist stretching until 6 weeks post-op

PATIENT EDUCATION

- Educate patient in home program, importance of wearing splint at all times and avoiding use of the involved arm
- Educate patient in lifting no more than 1-2 pounds with involved arm



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Other Considerations:

Typically, patient will be referred to therapy after the 6- week post-op check with MD. It is recommended patient wear wrist brace for 6 weeks because the surgical incision is made longitudinally along the ECRB muscle belly. Six weeks of splinting is necessary to allow the ECRB to heal and to rest already damaged tissue.

PHASE 2: 6-9 weeks

GOALS FOR PHASE 2

- Continue pain and edema control
- Continue scar management
- Restore full AROM

ORTHOSIS

- Gradually wean from wrist hand orthosis reducing orthosis use 1-2 hours per day

EDEMA MANAGEMENT

- Continue phase 1 edema management

SCAR MANAGEMENT

- Continue phase 1 scar management
- Desensitization if complaints of hypersensitivity in lateral elbow

MODALITIES

- Fluidtherapy for heat, ROM and desensitization
- Paraffin may be used for deep heat prior to ROM
- Ultrasound for scar management

ROM

- Initiate wrist AROM in all planes
- Progress to composite elbow, forearm and wrist ROM and stretching as tolerated

STRENGTHENING

- Initiate sub-maximal pain-free elbow and forearm isometric strengthening; after 1 week of active wrist motion initiate wrist isometrics (patient should have full pain-free AROM prior to initiating isometrics) Ok to start submaximal wrist isometric at 6 weeks if pain levels are low.
- Patient may begin prone scapular strengthening if pain-free



PHASE 3: 8+ WEEKS

GOALS FOR PHASE 3

- Return to all daily activities • Return to sports and full duty work

ORTHOSIS

- Wrist hand orthosis should be completely discontinued by 8 weeks post-op ROM. Consider counterforce brace use to day time if there is residual pain and during initiation of light resistance.
- Continue phase 2 ROM progressing to composite stretching
- Initiate PROM to elbow, forearm and wrist if there are deficits

STRENGTHENING

- Initiate eccentric strengthening for wrist extensors beginning with 1-2 pound free weight with elbow flexed at 90 degrees 10 reps, 2x/day; progressively work toward eccentrics with elbow fully extended. Progress up to 5# free weight or the amount of weight tolerated on uninvolved side.
- Continue proximal scapular strengthening in prone position or prone on therapy ball
- After patient has full AROM and tolerates isometric strengthening, initiate light weight isotonic shoulder, elbow, forearm, and wrist strengthening, and grip and pinch strengthening with putty
- Initiate functional strengthening and work simulation as tolerated

FUNCTIONAL ACTIVITY

- Gradually return to functional activity as tolerated
- Continue scar and edema management as needed
- Continue modalities as needed to enhance ROM, scar mobility and reduce hypersensitivity

WORK CONDITIONING

- After 8-10 weeks and with MD consent a comprehensive work conditioning program for patients with high demand / heavy manual labor occupations may be appropriate

OTHER CONSIDERATIONS

Educate patient in importance of pain-free exercises and daily activities. Patient should stop any exercise or activity that produces pain immediately as flare-ups are common



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