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Common Extensor Tendon (Elbow) Repair

Physical Therapy Protocol

Phase I – Protection & Early Motion (Weeks 0–2)

Goals:

- Protect the surgical repair.
- Reduce pain and inflammation.
- Maintain joint mobility of wrist, fingers, and elbow.

Precautions:

- Wear a splint full-time until the first post-op visit.
- Sling for arm support as needed for comfort.
- Wrist brace required at all times (except during therapy and hygiene) after the post-op splint is removed.
- No lifting with the surgical extremity.
- No repetitive activity

Clinical Care:

- **Swelling and wound management:** Monitor for excessive swelling, redness, heat, drainage, or worsening pain.
- Ice and elevation to control inflammation.
- **Pain control:** Follow prescribed post-op pain regimen.
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Exercises:

- Gentle ROM of fingers while in the post-op splint.
- Passive and active-assisted ROM of hand, wrist, and elbow.
- Focus on terminal elbow extension.

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Criteria to Advance:

- Splint removal after the first post-op visit.
- Minimal pain with gentle ROM exercises.

Phase II – Motion & Progressive Mobilization (Weeks 2–6)

Goals:

- Restore full pain-free elbow, wrist, and forearm ROM.
- Begin light functional use of the hand and arm.

Precautions:

- Continue wrist brace for ADLs, but begin weaning as tolerated starting at 2 weeks.
- No resistance exercises for the surgical extremity.
- No repetitive activity.

Clinical Care:

- Protect repair while restoring ROM.
- Continue swelling management.
- Initiate light scar mobilization once the wound is fully healed.

Exercises:

- **Full elbow ROM goal:** Flexion, extension, supination, and pronation by 4–6 weeks.
- Maintain ROM of non-affected joints (shoulder, fingers).
- Begin shoulder isometrics.
- Progress to active-assisted ROM (AAROM).
- Light stretching can begin at 4 weeks, emphasizing end-range and passive overpressure (low load/long duration).

Criteria to Advance:

- At least 6 weeks of healing since surgery.
- Pain-free ROM to at least 120° flexion and 0° extension.

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• Supination/pronation near symmetrical with the non-operative side.

Phase III – Strengthening & Functional Progression (Weeks 6–12)

Goals:

- Initiate pain-free strengthening.
- Improve grip strength and endurance.
- Continue progression of ROM and functional use.

Precautions:

- No lifting >5 lbs.
- Minimize repetitive activity to prevent irritation.

Clinical Care:

- Continue to phase out wrist brace as tolerated.
- Minimize inflammation and avoid pain-provoking activities.
- Use a counterforce elbow strap during exercise if pain persists.

Exercises:

- Begin light strengthening with pain-free isometrics for the wrist and elbow.
- Advance to resistance exercises and eccentric strengthening as tolerated.
- Strengthening progression:
 - Tubing or light weights (≤1 lb) for elbow flexion, extension, supination, and pronation starting at 8 weeks.
 - \circ Slowly increase resistance as symptoms allow.
 - **Grip strengthening** using putty or a ball (must be pain-free).

Criteria to Advance:

- At least 10 weeks of healing since surgery.
- Full pain-free ROM achieved.
- Improving strength without increased discomfort.

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Phase IV – Return to Full Activity (Weeks 12–16+)

Goals:

- Restore full functional use.
- Improve endurance and prevent re-injury.

Precautions:

- Gradual return to heavier lifting.
- Limit repetitive high-load activities.

Clinical Care:

- Continue progressive strengthening and endurance training.
- Gradual return to full functional and sport-specific activities.

Exercises:

- Begin task-specific functional movements.
- Continue progressive strengthening for wrist, forearm, and shoulder as needed for work/sport.

Return to Work/Sport:

- At least 12 weeks of healing.
- Symptom-free task/sport-specific activity tolerated.

Final Notes:

- Progression should be guided by pain tolerance and functional milestones.
- Modify activity levels based on individual recovery rates.
- Contact the surgeon if pain, stiffness, or swelling persist beyond expected recovery time