

Post-Operative Instructions **Open Elbow Surgery, Golfers Elbow Surgery**

Day of Surgery

- A. Diet as tolerated.
- B. Pain medication as needed every 6 hours.
- C. Icing is important for the first 5-7 days post-op. While the post-op dressing is in place, icing should be done continuously. Once the dressing is removed on the first or second day, ice is applied for 20-minute periods 3-4 times per day. Care must be taken with icing to avoid frostbite.
- D. If you have a splint or half cast, you will start PT after the splint is removed in the office at your first postoperative appointment which is usually at 2 weeks

First Post-Operative Day

- A. Continue icing
- B. You will need to keep your incision dry when taking a shower. Do this for about 2 weeks after surgery. If you have a splint or half cast (hardshell) leave it dry. No need to do dressing changes until your first follow-up visit at 2 weeks post-op.

Second Post-Operative Day

- A. Continue icing

Third Post-Operative Day Until Return Visit

- A. Continue ice pack as needed.
- B. If you don't have a splint or half cast, you may remove surgical bandage after you shower and apply a waterproof bandage (may be purchased at your local pharmacy) to the wounds. Please ensure that the bandage is large enough to completely cover the incision. Apply a fresh waterproof bandage after each shower. If you have splint you do not need to change anything. Keep extremity dry

Call our office @ 646-501-7223 option 4, option 2 to confirm your first postoperative visit, which is usually about 1-2 weeks after surgery. If you are experiencing any problems, please call our office or contact us via the internet at www.newyorkortho.com.

Post-Operative Rehabilitation Following Golfers Elbow Surgery

Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____

Phase I – Days 1-7

- **Goals**
 - Improve/regain of range of motion
 - Retard muscular atrophy
 - Decrease pain/inflammation
- **Day 1-7**
 - Movement of wrist and fingers for 2 minutes
 - 3-5x/ day
 - Ice and NSAIDs used for pain control
 - Look for signs of wound infection:
 - Excessive swelling, warmth, redness, oozing from the incision, fever
 - Day 3: Showering is allowed, with bandages off
 - Gentle pain-free elbow, wrist and shoulder ROM is started
 - Compression/ice 4-5 times daily
- **Day 7-17**
 - More aggressive ROM encourage in and out of shower
 - Goal for day 17 are 80% of normal elbow ROM
 - Resume light elbow activities only
 - continue isometrics and gripping exercises
 - continue use of ice
- **Day 18-21**
 - Sub maximal isometrics are started
 - Begin antigravity wrist flexion, extension, supination and pronation without pain
 - If painful: utilize counterforce brace during exercise
 - Once patient can perform 30 reps without pain they can progress to a 1-pound weight or light resistance band.
 - All exercises are performed with the elbow bent to 90° and resting on a table or lower extremity
 - Overpressure into extension (3-4 times daily)
 - Continue joint mobilization techniques
 - Biceps, triceps, wrist flex/ext, sup/pronators
 - Continue use of ice post-exercise

Phase II – Intermediate Phase

- **Goals**
 - Increase range of motion
 - Improve strength/power/endurance
 - Initiate functional activities
- **Week 3 to 6**
 - Therapeutic exercises:
 - Rotator cuff, elbow and scapular stabilization training with light resistance
 - Aerobic conditioning on stationary bike or treadmill
 - Overpressure into elbow extension
 - Continue PRE program for elbow and wrist musculature
 - Initiate shoulder program (Thrower’s Ten Shoulder Program)
 - Continue joint mobilization
 - Continue use of ice post-exercise

Phase III – Advanced Strengthening Program

- **Goals**
 - Improve strength/power/endurance
 - Gradual return to functional activities
- **Criteria to Enter Phase III**
 - Full non-painful ROM
 - No pain or tenderness
- **Week 8 to 12**
 - Continue PRE program for elbow and wrist
 - Continue shoulder program
 - Continue stretching for elbow/shoulder
 - Initiate Interval program and gradually return to sporting activities
 - Patient is allowed to return to athletics once their grip strength is normal.

Comments:

Frequency: _____ times per week

Duration: _____ weeks

Signature: _____

Date: _____