



Post Operative Rehabilitation Following Elbow Arthroscopy

Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____

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Phase I -Immediate Motion Phase

- **Goals**
 - Improve/regain of range of motion
 - Retard muscular atrophy
 - Decrease pain/inflammation
- **Day 1-4**
 - Range of motion to tolerance (elbow flexion/extension and supination/pronation)
 - Often full elbow extension is not capable due to pain
 - Gentle overpressure into extension
 - Wrist flex/ext exercises
 - Gripping exercises with putty
 - Isometrics for wrist/elbow
 - Compression/ice 4-5 times daily
- **Day 5-10**
 - range of motion ext/flex (at least 20-90)
 - overpressure into extension (4-5 times daily)
 - joint mobilization to re-establish ROM
 - continue isometrics and gripping exercises
 - continue use of ice
- **Day 11-14**
 - ROM exercises to tolerance (at least 10-100)
 - Overpressure into extension (3-4 times daily)
 - Continue joint mobilization techniques
 - Initiate light dumbbell program (PREs)
 - Biceps, triceps, wrist flex/ext, sup/pronators
 - Continue use of ice post-exercise

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Phase II -Intermediate Phase

- **Goals**
 - Increase range of motion
 - Improve strength/power/endurance
 - Initiate functional activities
- **Week 3 to 4**
 - Full ROM exercises (4-5 times daily)
 - 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
- **Week 4 to 7**
 - Continue all exercises listed above
 - Initiate light upper body program
 - 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

Comments:

Frequency: ____ times per week

Duration: ____ weeks

Signature: _____

Date: _____