Post Operative Rehabilitation Following Elbow Arthroscopy

Name: ___________________________________________ Date: __________________________

Diagnosis: ______________________________________ Date of Surgery: ________________

Phase I – Immediate Motion Phase

• Goals
  o Improve/regain of range of motion
  o Retard muscular atrophy
  o Decrease pain/inflammation

• Day 1-4
  o Range of motion to tolerance (elbow flexion/extension and supination/pronation)
  o Often full elbow extension is not capable due to pain
  o Gentle overpressure into extension
  o Wrist flex/ext exercises
  o Gripping exercises with putty
  o Isometrics for wrist/elbow
  o Compression/ice 4-5 times daily

• Day 5-10
  o Range of motion ext/flex (at least 20-90)
  o Overpressure into extension (4-5 times daily)
  o Joint mobilization to re-establish ROM
  o Continue isometrics and gripping exercises
  o Continue use of ice

• Day 11-14
  o ROM exercises to tolerance (at least 10-100)
  o Overpressure into extension (3-4 times daily)
  o Continue joint mobilization techniques
  o Initiate light dumbbell program (PREs)
  o Biceps, triceps, wrist flex/ext, sup/pronators
  o Continue use of ice post-exercise

Phase II – Intermediate Phase

• Goals
  o Increase range of motion
  o Improve strength/power/endurance
  o Initiate functional activities

• Week 3 to 4
  o Full ROM exercises (4-5 times daily)
  o Overpressure into elbow extension
  o Continue PRE program for elbow and wrist musculature
  o Initiate shoulder program (Thrower’s Ten Shoulder Program)
  o Continue joint mobilization
  o Continue use of ice post-exercise

• Week 4 to 7
  o Continue all exercises listed above
  o Initiate light upper body program
  o 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:** __________________________