



Brian Waterman M.D.
ORTHOPEDIC SURGERY

Elbow Arthroscopy PT Protocol

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 shoulder program (Thrower's Ten Shoulder Program)
- o Continue joint mobilization
- o Continue use of ice post--exercise



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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

- o Improve strength/power/endurance
- o Gradual return to functional activities

Criteria to Enter Phase III

- o Full non--painful ROM
- o No pain or tenderness

Week 8 to 12

- o Continue PRE program for elbow and wrist
- o Continue shoulder program
- o Continue stretching for elbow/shoulder
- o Initiate Interval program and gradually return to sporting activities

Comments:

Frequency ___times a week Duration: _____weeks

Signature: _____ **Date:** _____