

Phase III -Advanced Strengthening Program

Goals

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Post Operative Rehabilitation Following Elbow Arthroscopy

Name:	Date:	
Diagnosis:	Date of Surgery:	
Phase I -Immediate Motion Phase		
- Goals		
0	Improve/regain of range of motion	
0	Retard muscular atrophy	
0	Decrease pain/inflammation	
• Day 1		
	Range of motion to tolerance (elbow flexion/extension and supination/pronation)	
0	Often full elbow extension is not capable due to pain	
0	Gentle overpressure into extension	
0	Wrist flex/ext exercises	
0	Gripping exercises with putty	
0	Isometrics for wrist/elbow	
0	Compression/ice 4-5 times daily	
• Day 5		
Day 5	range of motion ext/flex (at least 20-90)	
	overpressure into extension (4-5 times daily)	
0	joint mobilization to re-establish ROM	
0	continue isometrics and gripping exercises	
0	continue use of ice	
• Day 1		
Oayı	ROM exercises to tolerance (at least 10-100)	
	Overpressure into extension (3-4 times daily)	
0	Continue joint mobilization techniques	
0	Initiate light dumbbell program (PREs)	
0	Biceps, triceps, wrist flex/ext, sup/pronators	
0		
0	Continue use of ice post-exercise	
Phase II -Intermediate Phase		
─ • Goals		
0	Increase range of motion	
0	Improve strength/power/endurance	
0	Initiate functional activities	
 Week 	x 3 to 4	
0	Full ROM exercises (4-5 times daily)	
0	Overpressure into elbow extension	
0	Continue PRE program for elbow and wrist musculature	
0	Initiate shoulder program (Thrower's Ten Shoulder Program)	
0	Continue joint mobilization	
0	Continue use of ice post-exercise	
 Week 	x 4 to 7	
0	Continue all exercises listed above	
0	Initiate light upper body program	
0	Continue use of ice post-exercise	



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- 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 per week	Duration: weeks
Signature:	Date: