

Medial Elbow Tenotomy with Bone Debridement Rehabilitation Protocol

Kelly Holtkamp, M.D.

Please fax initial evaluation and progress notes to 815-381-7498.

1-14 Days Postoperative

- Do NOT remove the surgical bandage.
- Restrictions: No heavy lifting greater than 0 lbs. for 6 weeks.
- The patient can wear a wrist cock-up splint as needed for comfort. The wrist splint is not a requirement.
- The patient is to begin active and passive range of motion of the fingers and wrist to prevent stiffness and reduce edema. It is okay to move the elbow within limitations of the bandage.

10-14 Days Postoperative

- The bandage is removed at Dr. Holtkamp's office.
- If comfort permits, discontinue the use of the wrist cock-up splint.
- Instruct the patient to begin active and passive range of motion exercises of the wrist and elbow.
- Educate proper body mechanics to reduce injury to the flexor-pronator mass. For example, avoid lifting with the forearm in the supinated position. Avoid resisted forearm pronation and wrist flexion. This places increased strain across the Pronator Teres (PT) and Flexor Carpi Radialis (FCR).
- Educate the patient on anti-edema management. This includes, but not limited to, self-retrograde massage, cold therapy, and extremity elevation. The anti-edema management will continue for several weeks.

3 Weeks Postoperative

- The therapist will begin scar tissue management to decrease sensitivity and density, which could include ultrasound and/or silicone gel pads per therapist discretion. The scar tissue management will continue for several weeks.
- Note to therapist: If patient meets short-term goal of full range of motion of the elbow and wrist, then formal therapy can be placed on hold until strengthening begins at 6 weeks post-operatively. Instruct the patient to continue with the Home Exercise Program until that time.

6 Weeks Postoperative

- Instruct the patient to begin a progressive strengthening exercise program.
- Stretching of the flexor-pronator muscle group may be necessary for several months post surgery, especially as use of the affected extremity increases.
- Restrictions: The patient is allowed to begin light (5lbs.) lifting and pulling. The weight can be increased as tolerated depending on the patient's strength and comfort.

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10 Weeks Postoperative

- Instruct the patient to continue their home exercise program for range of motion and strengthening.
- If the patient has not achieved functional range of motion and strength, then continue with occupational therapy for an additional 2-4 weeks.

12 Weeks Postoperative

- The patient may resume normal activities of daily living as tolerated.
- Work status: The patient is allowed to return to full duty status if the job requirements have been met. If not met, then a functional capacity evaluation and work hardening program may be recommended.
- The healing process can take up to a full year. Therefore, it is advised to continue with the home exercise program until goals have been met.

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