

Open ECRB/ECRL Debridement

Dr. Bear only

Surgical Procedure

- Following an incision over the lateral epicondyle, the pathologic tissue along the muscle/tendon origin of the ECRB/ECRL is excised.

48 Hours Post-op

- The bulky compressive dressing is removed. A light compressive dressing is applied to the hand, forearm, and above the elbow.
- AROM and gentle PROM exercises are initiated to the shoulder, elbow, and forearm for 10 minutes, 6x/day
- A wrist cock up orthosis is issued/fabricated to protect the ECRL/ECRB and is to be worn at all times with the exception of bathing/performance of HEP. An elbow pad is fitted to protect the elbow if needed.

10 – 14 Days Post-op

- Elastic stockinettes or elastic bandages may be utilized once the edema begins to subside
- The elbow pad and wrist orthosis/brace is continued for protection and support of the elbow/wrist.

4 Weeks Post-op

- Discontinue use of wrist cock up orthosis
- Scar massage and desensitization techniques may be initiated to scar site
- AROM of the wrist may be initiated in all planes, 6x/day for 10 minute sessions
 - Begin wrist ROM in gravity-eliminated position with the elbow flexed at 90 degrees and supported on a table or leg
 - Progress from flexed elbow position to fully extended elbow when patient is able to complete with minimal to no pain in the extensor origin

10+ Weeks Post-op

- Progressive strengthening may be initiated with hand weights, resistance band/tubing, Nirschl exercises, Bledsoe and BTE and/or work conditioning program.
- Strengthening program should be structured within the patient's comfort level



Adapted From:

- 1) Indiana Hand Protocol
- 2) Consulted with Brian Bear, MD Orthollinois.
- 3) Morrey B, The Elbow and it's Disorders. In Nirschl R, Muscle and Tendon Trauma: Tennis Elbow. Philadelphia, PA: WB Saunders; 1993.
- 4) Buchbinder R, Green S, Bell S, Barnsley L, midt N, Assendelft WJJ. Surgery for Lateral Elbow Pain. Cocrane Database of Systematic Reviews. 2004; Issue 2: CD003525.