

Arthroscopic ECRB/ECRL Debridement

Dr. Bear

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 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 elbow, forearm, and wrist for 10 minutes, 6x/day
- An elbow pad is fitted to protect the elbow as needed.

10 – 14 Days Post-op

- Within 48 hours following suture removal, scar massage with lotion is initiated, along with Elastomere Rolyan 50/50 or Otoform K.
- Elastic stockinette or elastic bandages may be utilized once the edema begins to subside.
- Once the edema begins to subside, weighted elbow and/or wrist stretches may be initiated.
- The elbow pad is continued for protection and support of the elbow as needed.

4 Weeks Post-op

- Discontinue brace/pad if used.
- Progressive strengthening may be initiated with hand weights, theratubing, Nirschl exercises, BTE and/or work conditioning program.
 - Strengthening program is structured within the patient's comfort level
- Weight restriction begins at 1# and remain in place until 10 weeks post-op.

10+ Weeks Post-op

- 15# weight restriction begins until removed by surgeon's office.

Considerations:

- Since the common extensor tendon origins are not reattached with the surgery, the ECRB and/or ECRL do not require protection. In large part, this is the reason the therapy program can be accelerated. Due to the limited dissection, the therapy program can be more aggressive in the early post-operative days.
- The elbow pad may be discontinued once the elbow is pain-free.
- The goal of therapy is for the patient to return to work within 4-6 weeks with restrictions as needed depending on job duties.
- Patient education should be emphasized. All lifting activities should be performed with the palm up. Patients should be advised to perform active and passive stretching exercises before beginning repetitive activities with the upper extremity, regardless if it is work- or sport-related.

Adapted From:

- 1) Indiana Hand Protocol
- 2) Consulted with Brian Bear, MD OrthoIllinois.