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Arthroscopic Lateral Epicondylar Release/Debridement

Please follow the protocol along with the instructions listed on the patient's referral

Lateral epicondylitis (tennis elbow) is a common cause of elbow pain. The condition most commonly results from chronic degenerative changes at the origin (attachment) of the extensor carpi radialis brevis muscle on the lateral epicondyle of the elbow. If non-operative treatment fails, then surgery is performed. The surgery can be either arthroscopic or open. With arthroscopic surgery the joint side of the tendon origin is visualized and the extensor carpi radialis brevis tendon can be debrided and released without involving the other extensor tendons.

Patients are discharged from the operating room with a sling. The ace bandage and dressing are removed on the 3rd day after surgery. The steri strips are left on for one week. The sling is worn for one week and then discarded. Light active use is encouraged after the sling is discontinued.

Please contact the physical therapy department at (401) 443-5000 if there are any questions. You may also refer to www.universityorthopedics.com and go to Dr. Green's section to view video of the specific shoulder exercises:

http://universityorthopedics.com/physicians/green/prepost.html

Week 0-6

Begin ROM of elbow, forearm, wrist, hand.

Specifically stretch the wrist extensor muscles with the elbow extended, the forearm pronated and the wrist and fingers flexed. Stretch at least 5 times per day with 5 repetitions; hold each stretch for 10 seconds.

Week 7-12

Continue ROM and stretching

Begin isometric strengthening of wrist extensor muscles. Progress gradually to increasing resistance. Caution should be exercised to avoid overuse.