General Principles:
This protocol was designed to provide the rehabilitation professional with a guideline of postoperative care. It should be stressed that this is only a protocol and should not be a substitute for clinical decision making regarding a patient’s progression. Actual progression should be individualized based upon your patient’s physical examination, progress, and presence of any complications.

PHASE I: (Immediate)
Orthotics-
1. Tennis elbow strap as needed
2. Consider wrist splint as needed for extremely symptomatic patients

Modalities (PRN)-
1. Ice Massage. Ice packs post-activity throughout protocol
2. Electrical Stimulation for pain and edema control
3. Pulsed Ultrasound
4. Phonophoresis with 10% Hydrocortisone cream or Iontophoresis with Dexamethasone if no relief with Ultrasound

Exercises-
1. Passive and Active ROM for shoulder, elbow, forearm, and wrist in all planes
2. Grip exercises, add resistance as tolerated
3. Isometrics for the wrist, forearm, elbow
   a. Sub-max, Sub-painful
   b. Progress to isotonic strengthening when full, pain-free with isometrics
4. Passive wrist stretching in all planes
5. Evaluate exacerbating tasks for ADL modifications

PHASE II: (Intermediate)
Modalities (PRN)-
1. Continue Phase I modalities as needed

Exercises-
1. Progress Phase I exercises
2. Progress to isotonic resistance exercises for wrist, forearm, and elbow
3. Finger and grip strengthening

PHASE III: (Advanced)
Orthotics-
1. Tennis elbow strap for exercise only as needed

Modalities (PRN)-
1. Continue only as needed

Exercises-
1. Progress Phase II exercises
2. Functional sport and work activities
3. Home exercises program / task modification to minimize risk of recurrence
4. Dismiss from formal rehabilitation when functional goals have been met