

Rehabilitation Guidelines For Loose Body Removal And Arthroscopic Debridements Of The Elbow

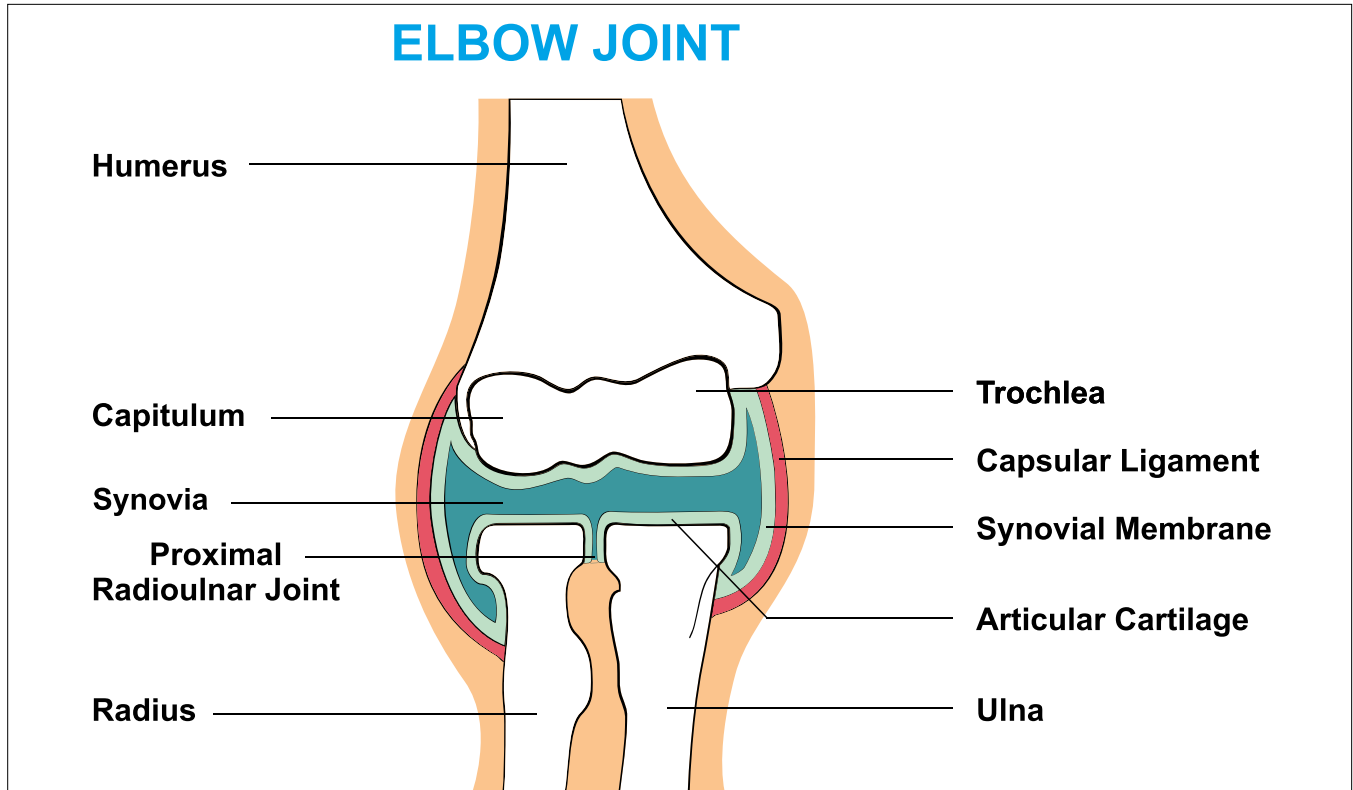


Figure 1 Elbow joint cross section showing the major parts which made the elbow joint capsular ligament articular cartilage synovial membrane synovia capitulum trochlea humerus radius ulna.

Arthroscopy (scoping) is a surgical procedure that allows a surgeon to look inside a joint using small instruments (about the width of a pencil). A camera is inserted through a small cut in the elbow. It will then magnify and project the small structures in the elbow on to a television monitor, allowing the surgeon to accurately diagnose the condition. Several other small cuts in the elbow allow the surgeon to use the camera to see different structures inside the joint and to place small

instruments to help treat different problems. Some common problems that can be treated with elbow arthroscopy are: loose body removal, cartilage debridement, removing bone spurs and release of joint/capsular contractures or scar tissue.

After surgery you will be required to complete a rehabilitation program with the goal of restoring normal elbow range of motion (ROM) and strength in preparation for the activity of each patient. Individual recovery will vary

based on length of problem, significance of problem and the level of activity you are returning to. Your therapist will guide you through this process and make adjustments that are necessary to your individual needs and situation.

PHASE I (surgery to 2 weeks after surgery)

Appointments	<ul style="list-style-type: none"> • Rehabilitation begins 1-3 days after first post-op visit with the surgeon
Rehabilitation Goals	<ul style="list-style-type: none"> • Protection of the post-surgical elbow
Precautions	<ul style="list-style-type: none"> • 5-pound lifting restriction for one- two weeks • Avoid typing if painful
Cardiovascular Exercise	<ul style="list-style-type: none"> • No gripping or impact
Suggested Therapeutic Exercise	<ul style="list-style-type: none"> • Pain free hand, wrist, elbow active assisted range of motion (AAROM) • Active range of motion (AROM) of the involved shoulder • Scapular retractions
Progression Criteria	<ul style="list-style-type: none"> • Two or more weeks after surgery • No effusion

PHASE II (begin after meeting Phase 1 criteria, usually 3-6 weeks after surgery)

Appointments	<ul style="list-style-type: none"> • Rehabilitation appointments are once a week
Rehabilitation Goals	<ul style="list-style-type: none"> • Full AROM for elbow flexion, extension, supination and pronation
Precautions	<ul style="list-style-type: none"> • Edema and inflammation control with ice application for 20 minutes after activity and rehab • Avoid post-exercise elbow pain that lasts more than 12 hours • Avoid activity or rehab related elbow pain that is 4 or greater on the 10-point pain scale
Suggested Therapeutic Exercise	<ul style="list-style-type: none"> • ROM with continued emphasis on restoring full A/PROM. • AROM for rotational movements • Begin low load isotonic exercises for biceps, triceps and forearm strengthening. Progress as tolerated • Scapular strengthening and posture
Cardiovascular Exercise	<ul style="list-style-type: none"> • Stationary bike or elliptical with arm supported without significant pressure or gripping
Progression Criteria	<ul style="list-style-type: none"> • Seven weeks post-op • No effusion • 5/5 strength without pain for flexor/extensor with elbow bent and straight for 1 repetition

PHASE III (begin after meeting Phase II criteria, usually 7-12 weeks after surgery)

Appointments	<ul style="list-style-type: none"> • Rehabilitation as needed for progressions
Rehabilitation Goals	<ul style="list-style-type: none"> • Good control and no pain with sport and work specific movements, including impact and ballistic speed movement
Precautions	<ul style="list-style-type: none"> • Avoid activity or rehab related elbow pain that is 4 or greater on the 10-point pain scale • Post-activity soreness should resolve within 24 hours • Avoid post-activity swelling
Suggested Therapeutic Exercise	<ul style="list-style-type: none"> • Flexibility exercises for two joint muscles of the forearm and the biceps and triceps • Reactive strengthening • Begin sport specific return programs, such as interval throwing and hitting programs • Proximal strengthening and posture – shoulder and scapular • Hip and core strengthening
Cardiovascular Exercise	<ul style="list-style-type: none"> • Replicate sport or work specific energy demands
Return To Sport/Work Criteria	<ul style="list-style-type: none"> • Return to work and sport once cleared by your therapist based on your strength, endurance and mobility. Specific testing may be done to compare to the uninvolved side or specific work requirements

These rehabilitation guidelines were developed collaboratively by UW Health Sports Rehabilitation and the UW Health Sports Medicine Physician group.

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