Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

GYMNASTICS ELBOW INJURIES [OCD CAPITELLUM; RADIAL EPIPHYSIS FRACTURE] (NON-OP)

NON-OP PHYSICAL THERAPY PROTOCOL

Bryan M. Saltzman, M.D.
Chief, Division of Sports Medicine & Shoulder/Elbow Surgery
Indiana University Health Physicians
Assistant Professor of Orthopaedic Surgery, Indiana University
Sports Medicine, Cartilage Restoration, Shoulder/Elbow Surgery
IU Health Methodist Medical Plaza North (MSK) – 201 Pennsylvania Pkwy #100, Carmel, IN 46280
IU Health Methodist Hospital – 1801 N Senate Ave, Indianapolis, IN 46202
317-944-9400
www.bryansaltzmanmd.com

Patient Name: _____ **Date**: _____

__X__ **Evaluate and Treat** __X__ **Provide patient with home program**

Frequency: __2-3__ **x/week x** __6__ **weeks**

Activity Progression Based on Upper Extremity Weightbearing Status[a]

Weightbearing Precautions	Vault	Bars	Beam	Floor	Benchmarks to Progress to Next Level
Nonweightbearing	Running drills, squats, sprints	Visualization. I, T, and Y positioning for periscapular strengthening	Dance, leaps, turns, jumps on low beams	Dance, leaps, turns, jumps, endurance routines, standing saltos (levels 6-10)	Physician clearance, full ROM, pain-free ROM
Partial weightbearing without clearance for vault/floor tumbling	Wheel roll outs, inch worm walks, elbow plank holds, side planks on elbow	Hanging, pull to chest (partial body weight pull ups), lever pulls/candlestick from the floor, band work for scapular stability and rotator cuff, leg lifts, tuck ups, stalder leg raises, and pull ups with variety of hand grips	Dance, leaps, turns, Jumps, any acrobatic elements without UE weightbearing	Open kinetic chain strength biceps/ triceps, rotator cuff strengthening, overhead presses, flys, lat pulls, quadruped work for overhead shoulder stability and weight shifting progressions; wall push up progressions; front tumbling without UE weightbearing on tumble track progress to floor	Physician clearance, no reports of pain, good proximal strength, and scapular stability during exercise, athlete awareness of fatigue and proper mechanics during exercises
Full weightbearing on protected surfaces	Front hand springs and bounders on tumble track, short approach roundoff rebound drills (Yerchenko level 6-10), or half ons for Tsukharas Handstand flat back drill (levels 2-5)	Strap bar work tap swings, giants, clear hips, stalders; kips, casts handstands, dismounts to loose foam	Cartwheels, handstands, back walk overs	Roundoffs, front hand springs, bounders, roundoff back hand spring; connections/ passes onto Resi as level appropriate; cartwheels, handstands, walk overs on regular floor	No pain reports, and athlete is able to display correct and consistent form on strengthening and basics; progression is a combination of time and performance
Full weightbearing with flight elements Weeks 1-4	Timers for front entry vaults, Tsukharas, Yerchenkos for 2 weeks from full run, then flip into loose foam	Pirouette skills, blinds, circling skills to handstand, transition releases that don't land in handstand, dismounts to Resi	Handsprings, roundoff dismounts, flight series	Use of rod floor for 1 week if available; then, progress to regular floor with mesh 4 mats or sting mat 1 additional week; then, regular floor Roundoffs, front hand springs, bounders, roundoff back hand spring	Vault: max of 3 days per week Floor: max of 3 days per week Recommend alternating vault/ floor days
Full weightbearing weeks 4 +	Full participation, progress landing surfaces over the next 2-4 weeks	Release skills, Pak saltos, and shoot over to handstand	Progress to full routines	Progress to individual tumbling passes will vary per level	Lift restrictions of days/week for any given event; monitor athlete for symptoms and modify if necessary

[a]max, maximum; ROM, range of motion; UE, upper extremity.

^Adapted from Bonazza et al AJSM 2021

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary. This patient __ would _X_ would not benefit from social services.

_____ **Date:**_____

Bryan M. Saltzman, MD