



Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

ARTHROSCOPIC ELBOW SURGERY: DEBRIDEMENT WITH / WITHOUT SPUR RESECTION WITH / WITHOUT CAPSULAR RELEASE

PHYSICAL THERAPY PROTOCOL

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Patient Name: _____ **Date of Surgery:** _____

___ **Evaluate and Treat**

___ **Provide patient with home program**

Frequency: _____ x/week x _____ weeks

Phase I -Immediate Motion Phase

- **Goals**
 - *Improve/regain of range of motion*
 - *Retard muscular atrophy*



- *Decrease pain/inflammation*
- **Day 1-4**
 - *Range of motion to tolerance (elbow flexion/extension and supination/pronation)*
 - *Often full elbow extension is not capable due to pain*
 - *Gentle overpressure into extension*
 - *Wrist flex/ext exercises*
 - *Gripping exercises with putty*
 - *Isometrics for wrist/elbow*
 - *Compression/ice 4-5 times daily*
- **Day 5-10**
 - *range of motion ext/flex (at least 20-90)*
 - *overpressure into extension (4-5 times daily)*
 - *joint mobilization to re-establish ROM*
 - *continue isometrics and gripping exercises*
 - *continue use of ice*
- **Day 11-14**
 - *ROM exercises to tolerance (at least 10-100)*
 - *Overpressure into extension (3-4 times daily)*
 - *Continue joint mobilization techniques*
 - *Initiate light dumbbell program (PREs)*
 - *Biceps, triceps, wrist flex/ext, sup/pronators*
 - *Continue use of ice post-exercise*

Phase II –Intermediate Phase

- **Goals**
 - *Increase range of motion*
 - *Improve strength/power/endurance*
 - *Initiate functional activities*
- **Week3 to 4**
 - *Full ROM exercises (4-5 times daily)*
 - *Overpressure into elbow extension*
 - *Continue PRE program for elbow and wrist musculature*
 - *Initiate shoulder program (Thrower's Ten Shoulder Program)*
 - *Continue joint mobilization*
 - *Continue use of ice post-exercise*
- **Week4 to 7**
 - *Continue all exercises listed above*
 - *Initiate light upper body program*
 - *Continue use of ice post-exercise*

Phase III –Advanced Strengthening Program

- **Goals**
 - *Improve strength/power/endurance*
 - *Gradual return to functional activities*
- **Criteria to Enter Phase III**
 - *Full non-painful ROM*



- *No pain or tenderness*
- **Week 8 to 12**
 - *Continue PRE program for elbow and wrist*
 - *Continue shoulder program*
 - *Continue stretching for elbow/shoulder*
 - *Initiate Interval program and gradually return to sporting activities*

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

Date: _____

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