



OLECRANON BURSECTOMY

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 0-7**
 - Rest in splint
 - Elevate to reduce swelling
 - Ice regularly
- **Day 7-14**
 - 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 14-17**
 - 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 17-21**
 - 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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