

## **ECRB/ECRL DEBRIDEMENT**

### **SURGICAL PROCEDURE**

Following an incision over the lateral epicondyle, the pathologic tissue along the muscle/tendon origin of the ECRB and/or ECRL is excised.

### **POSTOPERATIVE REHABILITATION**

#### **2 – 3 Days Postop**

The bulky compressive dressing is removed. A light compressive dressing is applied to the hand, forearm, and elbow.

Active and light PROM exercises are initiated to the elbow, forearm, and wrist for 10- minute sessions, 5 times daily.

A wrist cock-up splint is fitted to the patient and is to be worn at all times except during performance of HEP and bathing periods.

#### **10 – 14 Days Postop**

Within 48 hours of suture removal, scar massage is initiated along with scar remodeling techniques such as elastomer.

The wrist cock-up splint is continued for support and protection of the wrist/elbow. The wrist splint can be weaned beginning at 6 weeks postop.

#### **8 – 10 Weeks Postop**

Progressive strengthening may be initiated with hand weights, theratubing, Nirschl exercises, BTE, and/or a work conditioning program. The strengthening program must be structured within the patient's comfort level.

### **Considerations**

Patient education should be emphasized. All lifting activities should be performed with the palms up. Patient should be advised to perform active and passive stretching exercises before beginning repetitive activities with the upper extremity (work or sport related).