



ECRB/ECRL Debridement Protocol

Indiana Hand Protocol

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.

Post-op Rehab

- 48 hours- Bulky and compressive dressing is removed and a light compressive dressing is applied to the hand, forearm, and above the elbow
- AROM and gentle PROM exercises are initiated to the elbow, forearm, and wrist for 10 minute sessions, 6x/day
- A wrist cock up orthosis is issued/fabricated for the patient and is to be worn at all times with the exception of bathing/performance of HEP. An elbow pad is fitted to protect the elbow (optional).

10 – 14 Days Post-op

- Within 48 hours of suture removal, scar massage is initiated along with Elastomer, Roylan, etc. (prn)
- Elastic stockinettes or elastic bandages may be utilized once the edema begins to subside.
- Weighted elbow or wrist stretches may be initiated if PROM is limited.
- Elbow pad (if worn) is continued for support and protection

4 Weeks Post-op

- Discontinue use of wrist cock up orthosis
- Progressive strengthening may be initiated with hand weights, belsoe strengthening, theratubing/theraband, Nirschl exercises, BTE and/or work conditioning program.
- Strengthening program structured within patient's comfort level and tolerance.

Considerations

- Since the common extensor tendon origins are not reattached with the surgery; the ECRB and/or ECRL do not require protection. This is why therapy program can be accelerated.
- Due to limited dissection, the therapy program can be more aggressive in early post-op days.
- Elbow pad is discontinued once patient is pain-free
- The goal of therapy is for the patient to return to work within 4-6 weeks following surgery
- Patient education should be emphasized.

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- All lifting should be performed close to the body (elbow bent) with hands in a supinated (palm up) position.
- Patients should be advised to perform A/PROM stretching exercises before beginning repetitive activities with the UE, regardless if it is work or sport related.

EXCEPTIONS

- Dr. Schwartz:
 - Sends all ECRB debridement patients to therapy s/p 6 weeks so they may begin ROM and strengthening at that time within their comfort level
- Dr. Bear:
 - Has separate protocol for open (vs. arthroscopic) ECRB debridements (see other protocol)
- Dr. Foster:
 - More conservative with WC patients – see him with specific questions

Adapted From:

- 1) Indiana Hand Protocol