

Arthroscopic Lateral Release

For Lateral Epicondylitis

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Instructions to patient: Take this written protocol to your therapist. If you do not have therapy scheduled to start within 1 week of seeing Dr. Metzger, please call Dr. Metzger's office so that any problems or conflicts can be resolved and therapy can start. Dr. Metzger thinks that therapy is very important to your good recovery, and that your outcome will not be as good if you do not have the therapy as prescribed.

Lateral release using arthroscopy allows release of the ECRB tendon from the lateral epicondyle from the inside of the joint, which is far preferable to open from the outside, since the ECRB is a deep structure adjacent to the joint capsule. Therefore, minimal dissection through normal tissue is needed, and recovery is faster.

Week 1

- Splint placed in OR on full-time
- Finger ROM
- OT to start week 2

Week 2-4

- Remove splint in my office and place removable splint
 - This can be just a wrist splint to decrease load on the wrist extensors
 - If the patient still has pain, long arm removable can be used
- Modalities as needed for pain, but should be minimal
- Do *not* use compression garments at any time
- Splint may be removed 3 times per day for exercises, plus bathing
- Exercises consist of:
 - Finger/wrist AROM
 - Elbow AROM flexion / extension / pronation / supination
- No PROM elbow should be needed, but if not full ROM by end of week 3, then begin flexion / extension stretching as indicated

Week 4-6

Goal is to complete any residual loss of motion, and to build elbow, wrist and grip strength without causing recurrence of lateral elbow pain. Stop if lateral elbow pain occurs.

- Continue week 2-4 as indicated by lack of progress
- Scar massage / desensitization may rarely be needed
- No dynamic splints this soon

Week 6-10

- In the unusual case of incomplete ROM
 - Proceed with dynamic splinting
 - Passive stretching daily by patient
- Grip and bicep/tricep strengthening without limits
- Expect full recovery by 10-12 weeks