

Medial Epicondylar (Golfer's Elbow) Surgical Protocol

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Phase I (Post-op Weeks 0–2) Protection and Pain Control Phase

- Posterior splint or soft bulky dressing for comfort during the immediate postoperative period
- Elbow range of motion as tolerated, avoiding aggressive terminal extension early
- No resisted wrist flexion or forearm pronation
- No forceful gripping, lifting, pushing, or pulling
- Active range of motion of shoulder, elbow, wrist, and hand encouraged within comfort
- Edema control, elevation, and pain management emphasized

Phase II (Weeks 2–6) Early Motion Phase

- Discontinue splint; use counterforce brace or wrist splint as needed for comfort
- Progress elbow range of motion to full as tolerated
- Begin gentle wrist flexor and forearm stretching
- Initiate light isometric strengthening of wrist flexors with elbow flexed
- Continue to avoid resisted gripping or heavy lifting
- Scar management and soft tissue mobilization as indicated

Phase III (Weeks 6–12) Progressive Strengthening Phase

- Progress to isotonic strengthening of wrist flexors and forearm musculature
- Begin eccentric strengthening program for wrist flexors and pronators
- Gradually reintroduce gripping activities
- Advance forearm pronation and supination strengthening
- Functional use of the arm for light activities of daily living
- Avoid repetitive valgus stress or forceful activities that provoke pain

Phase IV (Weeks 12–16) Advanced Strengthening and Function

- Advance strengthening and endurance training
- Progress eccentric and concentric wrist flexor loading
- Introduce work- or sport-specific drills
- Gradual return to recreational activities
- Emphasize proper mechanics and load management

Phase V (Weeks 16–20+) Return to Activity

- Return to unrestricted work and sport activities as tolerated
- Gradual return to sports and manual labor
- Progression based on pain-free motion, strength, endurance, and functional confidence



****Special Considerations:****

- This protocol applies to open or arthroscopic medial epicondylar release with flexor-pronator tendon repair.
- Ulnar nerve symptoms or transposition may require modified rehabilitation.
- Avoid premature return to valgus-loading activities.

****Progression Criteria:**** Advancement through phases is criteria-based and dependent on pain control, restoration of motion, tendon healing, strength, and tolerance of functional activity.