



ELBOW MEDIAL PAIN NON-OPERATIVE

GUIDELINES Phase 1: Activity Modification (High Irritability)

PRECAUTIONS

- Avoid repetitive lifting, twisting, and manual labor, particularly of the elbow, forearm, wrist, and hand
- Minimize aggravating postures and activities

TREATMENT RECOMMENDATIONS

- Patient education
 - Avoid repetitive gripping, wrist flexion and forearm rotation
 - Counterforce brace for activities or during the day
 - Discuss how to wear counterforce brace: approximately 2-3 fingers distal to medial epicondyle, place pad over wrist flexor/pronator muscle belly, make a gentle fist as you tighten strap
 - Patient education to modify the strap throughout day for comfort
- Postural awareness
- Manual therapy- as indicated based on evaluation
 - Spinal mobilization/manipulation
 - Joint mobilization
 - Grades I or II for pain management
 - Grades III, IV, or V to emphasize joint mobility
 - Mobilization with movement
- Stretching of wrist and finger extensors and flexors
- Strengthening of periscapular and glenohumeral musculature
- Isometric strengthening of wrist and finger flexors as tolerated
- Neuromuscular training, i.e., scapular rhythm training, rhythmic stabilization
- Work or home ergonomics
 - Assess aggravating conditions and modify accordingly
- Home exercise program (HEP)
 - Rest, splint if appropriate, heat or ice
 - Patient education and activity modification
 - Wrist AROM
 - Cardiovascular conditioning
 - Spine mobility as needed

CRITERIA FOR ADVANCEMENT

- Reduced pain, disability, and irritability
- Able to grip objects with mild pain

EMPHASIZE

- Patient education regarding pain and counterforce brace usage
- Activity modification



Phase 2: Addressing Impairments (Moderate Progressing to Low Irritability)

PRECAUTIONS

- Avoid pain provoking activities, specifically repetitive movements
- Avoid premature or sudden increase in activity level

TREATMENT RECOMMENDATIONS

- Reinforce patient education and activity modification
- Address soft tissue restrictions locally and proximally at the shoulder/spine
- Postural retraining
- Manual therapy- as indicated based on evaluation
 - Spinal mobilization/manipulation
 - Mobilization with movement
- Exercise recommendations
 - ROM exercises addressing deficits throughout involved upper extremity
 - Advance periscapular strengthening
 - Utilize scapular plane for exercise progression
- Motor control activities for normalization of scapulohumeral rhythm
- Core activation exercises, choices of exercises depend on irritability levels
- Initiate activation of elbow/wrist musculature utilizing isometric, isotonic, or eccentric training based on patient tolerance
 - Start with short duration and advance to long duration/intensity
- Advance HEP
 - Modified ADL's and gym or recreational activities based on level of irritability
 - Graded return to sports activities
 - Limit load and intensity of activity based on patient tolerance
 - Cardiovascular conditioning

CRITERIA FOR ADVANCEMENT

- Full AROM with mild to no pain in all planes
- Pain free self-care and daily activities
- Mild or no paresthesias throughout upper extremity
- Mild pain with gripping and rotation tasks

EMPHASIZE

- Patient education regarding pain provocation
- Address motor control and periscapular strength deficits with graded progression



Phase 3: Restoration of Function (Low to No Irritability)

PRECAUTIONS

- Monitor exercise dosage to prevent flare-ups

TREATMENT RECOMMENDATIONS

- Isotonic and eccentric forearm, wrist, and hand exercises
- Progress core strengthening
- Neuromuscular control and sequencing in multiplanar patterns
 - Resisted/loaded PNF
 - Overhead two hand plyometrics progressing to single arm
 - Rhythmic stabilization
 - Exercise blade perturbations
 - Closed chain stabilization with scapular control
- Kinetic cross-linking exercises, e.g., contralateral proximal lower extremity strengthening
- Cardiovascular conditioning

CRITERIA FOR DISCHARGE (OR ADVANCEMENT TO PHASE 4 IF RETURNING TO SPORT)

- Able to tolerate strengthening exercise in all planes
- Good scapular control above shoulder height without pain in plane of scapula
- Pain-free ADLs

Phase 4: Return to Sport (if applicable)

PRECAUTIONS

- Monitor exercise dosing

TREATMENT RECOMMENDATIONS

- Advanced recreational/sport skills
- Single arm sport-specific plyometric drills
- Closed kinetic chain progression exercises
- Increase endurance and activity tolerance
- Progress total body multidirectional motor control and strengthening exercises to meet sport-specific demands
- Collaboration with trainer, coach or performance specialist

CRITERIA FOR DISCHARGE/RETURN TO SPORT

- Independent in appropriate return to sport home or gym exercise program
- Movement patterns, strength, flexibility, motion, power and accuracy to meet demands of sport
- Pain-free sporting activities