SOUTH BEND ORTHOPAEDICS
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LATERAL/MEDIAL EPICONDYLAR DEBRIDEMENT AND REPAIR
DR MENCIAS, MD

Surgical Procedure:

Lateral: Interval between EDC and ECRL developed sharply down to bone. The lateral epicondyle is debrided, and then an anchor (or screw) secures the extensor interval back down to bone. The repair is given added strength with fiber wire sutures proximally and distally.

Medial: Dissection carried down to medial epicondyle and flexor origin is elevated. Medial epicondyle is debrided and the flexor origin is secured to the bone with an anchor (or screw). The repair is given added strength with fiber wire proximally and distally.

In both cases, the patient is placed in a post op bulky long arm splint and is to report to therapy following their first post op appointment with Dr. Mencias.

Postoperative rehabilitation

10 DAYS POST OP (after first post op visit)

Fabricate a long arm splint with wrist included, forearm neutral, and elbow at 90°.
Initiate pain free AROM of the elbow, wrist, and forearm.

4 WEEKS POST OP

Goal is for full elbow ROM. Exercise should feel like a stretch but not cause extreme pain.
Patient should emphasize light use of the arm in daily activities.
Initiate gentle strength with isometrics/concentric/eccentric 1#.
Educate patients on proper lifting ergonomics.
Pronated lifting should be avoided for lateral repair. Supinated lifting should be avoided for medial repair.

4-6 WEEKS POST OP

Discontinue long arm splint on a per patient basis, based on symptoms.
Per therapist discretion, may transition the patient to wrist cock up for additional protection versus discontinuing the long arm splint.

6-8 WEEKS POST OP

Return to activities. Initiate work related strengthening with a focus on endurance building