



Frisbie Memorial Hospital

Marsh Brook Rehabilitation Services

Wentworth-Douglass Hospital

## **CLINICAL PROTOCOL FOR LATERAL EPICONDYLITIS (CONSERVATIVE TREATMENT)**

**FREQUENCY:** 1-3 times per week.

**DURATION:** Up to 12 visits over 4-5 weeks based on Occupational Therapy evaluation findings.

**DOCUMENTATION:** Progress Note to physician at each follow-up appointment. Follow treatment calendar for daily requirements. Discharge Summary within 2 weeks of discharge.

### **INITIAL EVALUATION (VISIT ONE)**

#### **GOALS:**

1. Standard Evaluation:
  - Try to reproduce symptoms and localize source of pain.
  - Resistance to wrist extensors shoulder be positive for discomfort.
  - Isolate extensor carpi radialis brevis during MMT.
  - Palpate and test supinator strength.
  - Evaluate grip strength.
  - Palpate to identify presence of trigger points especially at extensor mass, supinator, and triceps.
  - Palpate lateral epicondyle.
  - Rule out posterior interosseus nerve compression.
2. Fabricate wrist cock-up splint if indicated.
3. Instruct patient in home program of wrist and forearm stretching exercises.
4. Instruct patient in use of alcohol/ice pack.
5. Patient education regarding motions to avoid and high risk activities.

If patient presents with the following Self-Management Criteria:

- No limitation with active range of motion of elbow and wrist.
- Minimal to no pain at rest
- Low physical demand regarding use of hand/elbow during the day.

then patient can be placed on a home exercise program in conjunction with a splint wearing schedule. Patient to be evaluated regarding motions to avoid. Follow-up appointment to be made every 1-2 weeks until Discharge Criteria has been met. (Refer to handout for home exercise program instructions/ exercises.)

If patient does not meet above criteria, then a course of formal rehabilitation will be initiated 2-3 times per week until above criteria has been met.

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*For more information go to [www.rehab-3.com](http://www.rehab-3.com)*

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**DISCHARGE CRITERIA:**

- Elbow, forearm, wrist active range of motion within normal limits.
- Able to perform functional activities with mild or lessened pain.
- Independent with proper stretching and strengthening.
- Patient educated regarding pacing, positioning, and ergonomics.
- Patient has adequate knowledge of diagnosis and demonstrates the ability to self-manage symptoms, correct the problem, and minimize recurrence.
- Failure to progress.
- Failure to comply

**--- TREATMENT GUIDELINES ---****VISITS 2-5****GOALS:**

1. Patient will demonstrate proper home exercise program techniques.
2. Full active range of motion of elbow/wrist/forearm.
  - Modalities as indicated to reduce pain/inflammation.
  - Patient education regarding anatomy and biomechanics.
  - Patient education to maintain neutral wrist position and utilizing proximal musculature for lifting. Patient to avoid prolonged repetitive grasping, pinching, and wrist movement. Patient to avoid prolonged static gripping and pinching.
  - Splinting X two weeks.
  - Home program of gentle wrist and forearm stretching exercises as well as use of alcohol/ice pack.
  - Myofascial treatment to any active trigger points.
  - Cross-friction massage to musculotendinous origin.
  - Joint mobilization if patient does not have full active range of motion.
  - Therapeutic exercises to increase strength of wrist and grip as tolerated.

**VISITS 5-12****GOALS:**

1. Pain-free active range of motion of elbow/wrist/forearm.
2. Increased grip strength.
3. Increased wrist strength (at least 4+/5).
  - Continue with modalities as appropriate (no greater than 10 ultrasound or iontophoresis treatments).
  - Continue with myofascial treatment if patient continues with active trigger points.
  - Upgrade strengthening of wrist and grip as tolerated.
  - Review Self-management.
  - Job shadow as needed.
  - Referral back to physician if no progress regarding symptom management.