



## Lateral Epicondylitis Surgery Protocol

<b>Applicability:</b> Physician Practices	<b>Date Effective:</b> 09/2013
<b>Department:</b> Rehabilitation Services	<b>Date Last Reviewed:</b> 01/2019
<b>Supersedes:</b> N/A	<b>Date Last Revised:</b> 01/2021
<b>Administration Approval:</b> Deanna Orfanidis VP, Chief Nursing Officer	

**Purpose:** Define the protocol to be followed for all patients referred from Northwestern Orthopedics after the above procedure has been performed.

**Policy Statement:** Treatment will follow the defined protocol below and be carried out by Physical Therapist, Athletic Trainer, Occupational Therapist and/or Physical Therapy Assistants.

**Background:** N/A

**Definitions:** N/A

**Procedure:**

	<b>Surgery</b>	<b>Therapy</b>
<b>Open repair</b>	Repair and debridement	Brace x 1 ½ weeks and then sling. Gentle ROM can begin at 1 ½ weeks.
<b>Arthroscopic</b>	Release	Ace wrap and sling post-op. Begin ROM as tolerated.

**Note Well:** N/A

**Related Policies:** N/A

**References:** N/A

**Reviewers:**

**A. Key Stakeholders:**

- Dr. Andrew Myrtue - Medical Director, Ortho & Rehab Service Line
- Karen Staniels - Director, Ortho, Rehab & Occupational Health

**B. Committees:** N/A

**C. Key Process Owner (KPO):** Kristy Cushing – Manager, Rehab Services

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**Keywords - Not part of policy:** [ADD Key words for policy search if end user didn't know the name]