



Lateral Epicondylitis Surgery Protocol

Applicability: Physician Practices	Date Effective: 09/2013
Department: Rehabilitation Services	Date Last Reviewed: 10/2016
Supersedes: n/a	Or Date Last Revision: 10/2016
Administration Approval: Amy Putnam, VP Physician Services	

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:

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

Note Well: n/a

Monitoring Plan: rehab chart audit

Related Policies: n/a

References: n/a

Reviewers: Rehab and Orthopedics

- A. Key Stakeholders:** Michael Barnum, Ortho Medical Director
- B. Committees:** n/a
- C. Key Process Owner (KPO):** Kristy Cushing, Rehab Manager. Karen Staniels Director of Ortho Rehab



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