

Rehabilitation Protocol: Medial Elbow Pain – Non-Operative (Medial Epicondylitis / Golfer's Elbow)

Phases are based on **symptom irritability**, not time – patients may present in any phase, and progression may not be linear.

☐ **Phase I – High Irritability**

- **Precautions:** No repetitive lifting or resistance training of the elbow, forearm, wrist, or hand; minimize aggravating positions and loads
- **Education/Bracing:** Avoid lifting with the elbow straight and palm facing up, or with the wrist flexed. Ergonomic and activity modification. Counterforce brace with activities: 2–3 fingers distal to the medial epicondyle, pad over the flexor/pronator muscle belly, tighten with a gentle fist; wrist cock-up or elbow extension brace as needed. Postural awareness; pain neuroscience education as appropriate
- **Treatment**
 - ROM of shoulder, elbow, forearm, and wrist as indicated
 - Soft tissue mobilization (proximal musculature, wrist flexors/pronators); grade I joint mobilization or mobilization with movement; spinal mobilization as indicated
 - Gentle flexibility of wrist flexors/pronators – start slacked (elbow flexed), progress to elbow extended; active to prolonged-hold stretches
 - Postural, periscapular, and glenohumeral strengthening; scapular rhythm and rhythmic stabilization
 - Modalities as needed: ice with TENS, low-level laser, iontophoresis; taping; dry needling if appropriate
 - HEP: relative rest, splint, ice, proximal strengthening
- **Criteria to Progress:** Reduced irritability with carrying/lifting; submaximal fist with moderate pain; independent HEP

☐ **Phase II – Moderate Irritability**

- **Precautions:** Avoid sudden increases in activity; avoid repetitive lifting and pain-provoking repetitive movements
- **Treatment**
 - ROM and joint/soft tissue mobilization for remaining deficits; postural retraining
 - Periscapular strengthening in the scapular plane; scapulohumeral motor control
 - Begin elbow/wrist loading with isometrics (short to long duration) or eccentrics based on tolerance: Eccentric wrist flexion (bent elbow, progressing to straight elbow) and eccentric forearm pronation
 - Ice or heat as needed; modified ADLs, gym, and recreation based on irritability
- **Criteria to Progress:** Pain-free self-care; mild pain with pushing, pulling, lifting, reaching; full elbow/wrist AROM with mild or no pain

☐ **Phase III – Low Irritability**

- **Precautions:** Monitor exercise dosage to prevent flare-ups
- **Treatment**
 - Multiplanar periscapular strengthening
 - Progress isometric/eccentric to isotonic elbow, forearm, and wrist strengthening
 - Rhythmic stabilization, resisted PNF, closed chain stabilization with scapular control, exercise blade
 - Two-hand overhead plyometrics, progressing to single arm; kinetic chain (contralateral hip) strengthening

- Begin recreational/sport skills; education to prevent recurrence
- **Criteria for Discharge:** Pain-free ADLs; strengthening in all planes with minimal or no pain; good pain-free scapular control above shoulder height

☐ **Phase IV – Return to Sport (if applicable)**

- **Treatment**
 - Scapulothoracic control in varied positions; isotonics to higher loads; closed chain progression
 - Single-arm sport-specific plyometrics; endurance; total-body multidirectional strength; collaborate with trainer/coach
- **Return to Sport:** Independent with return-to-sport program (e.g., Thrower's Ten); strength, motion, power, and accuracy to meet sport demands; pain-free sport activity