



Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

ARTHROSCOPIC ELBOW SURGERY: **OCD/MICROFRACTURE**

PHYSICAL THERAPY PROTOCOL

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Patient Name: _____ **Date of Surgery:** _____

___ **Evaluate and Treat** ___ **Provide patient with home program**

Frequency: _____ x/week x _____ weeks

Precautions:

- - Excessive &/or aggressive motion first 5 days
- - No excessive elbow loading through exercise for 4 months
- - No weight bearing exercises or bench presses for 4-5 months
- - No throwing for 6 months (unless specified by Physician)



- I. **Maximum Protection Phase (Weeks 1 to 6)**
- **Goals:** Restore full wrist and elbow ROM, Decrease swelling & pain,
 - Promote healing of articular cartilage Retardation or muscle atrophy
 - **Days 1 to 5**
 - Begin gently moving elbow in bulky dressing
Remove bulky dressing and replace with gauze pads & elastic bandages Immediate post-op hand & wrist ROM, gripping exercises
 - Putty/grip strengthening
 - Wrist flexor stretching
 - Wrist extensor stretching
 - Elevate hand to reduce swelling
 - Continue light elbow AAROM exercises in bulky dressing (3-4 x daily)
 - **Post-op Day 5 through 7**
 - PROM & AAROM elbow extension & flexion (motion to tolerance)
Begin PRE exercises with 1 lb weight
 - Wrist curls
 - Reverse wrist curls
 - Neutral wrist curls
 - Pronation/supination
 - Active elbow flexion & extension (frequent motion- 5min every hour)
 - **Post-op Week 2 to 4**
 - Emphasize elbow ROM and restoring full ROM Begin light overpressure program into extension Perform AAROM & PROM frequently during the day to promote articular cartilage healing (5-10 min every hour)
 - Full PROM at end of week 4
Begin shoulder program week 2 to 3
Thrower's Ten Program week 4
 - Running program may begin week 4
 - **Post-op Weeks 5 to 6**
 - Continue all exercises above
Emphasis on restoration of full ROM
If lacking full extension – low load long duration (LLLD) stretching
Continue AAROM program for articular cartilage healing
Pool program – light exercises in water (once incisions close)
- II. **Moderate Protection Phase (Weeks 7-12)**
- **Goals:** Protect articular cartilage healing Promote articular cartilage healing
Restore/maintain Full ROM Shoulder ROM & Strength
 - **Weeks 7 -12**
 - Continue AAROM & PROM exercises for elbow
Initiate light resistance for biceps & triceps



Continue Thrower's Ten Program
Stretching & ROM program for shoulder
Continue ROM exercises for elbow to promote articular cartilage healing Perform elbow ROM exercises 10min every hour of the day

- Core strengthening program
Still maintain precautions regarding loading of the elbow

III. Minimal Protection Phase (Weeks 13 -20)

- Goals: Continue to promote articular cartilage healing Protect elbow against excessive loading Improve condition of entire UE & body
- **Weeks 13 to 20**
 - Continue AAROM & PROM exercises (10 min – 10-12 x daily)
Thrower's Ten Program
ROM & Stretch Shoulder
Core Program
 - Running, agility drills etc
Precautions against excessive joint loading (weight bearing exercises, Bench press, etc for 5 months)

IV. Gradual Return to Activity Phase (Weeks 21 & beyond)

- Goals: Gradual return to activity/sport
Prepare patient for safe & successful return to sports
- **Weeks 21 -26**
 - Continue Thrower's Ten Program
Continue stretching & flexibility exercises of elbow & shoulder
Initiate 2 hand light plyometrics at week 21
 - 2 hand chest pass
2 hand soccer throw
2 hand side to side throws
 - Initiate 1 hand plyometric drills at week 23 to 24 1 hand throws
 - 1 hand wall dribbles
- **Weeks 26 & >**
 1. Initiate interval throwing program at week 26 (**Physician will determine**)

Phase I Program

 2. Able to perform light machine bench press
 3. Able to perform push ups at week 26-28
 4. Initiate Interval hitting program
- **Month 7-8**
 - Initiate Interval throwing program (Phase II, off the mound)
- **Month 9**
 - Gradual return to full contact/throwing sporting competition without restriction



By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary. This patient ___ would ___ would not benefit from social services.

Date: _____

Bryan M. Saltzman, MD