



# Medial Epicondylitis (Golfer's Elbow) — Rehabilitation Protocol

## Overview

- Applies to: surgical or conservative management of medial epicondylitis (golfer's elbow)
- Differentiate from UCL pathology and cubital tunnel syndrome (may coexist)
- Post-surgical protocol begins at Week 2; conservative: begins immediately
- Ulnar nerve symptoms must be monitored throughout

## Rehabilitation Phases

Phase 1 — Pain Control & Protection	Weeks 0–3
<p><b>Goals:</b></p> <ul style="list-style-type: none"><li>• Control pain and inflammation</li><li>• Protect healing tissue post-surgery</li><li>• Patient education and activity modification</li></ul>	<p><b>Exercises &amp; Interventions:</b></p> <ul style="list-style-type: none"><li>• Wrist splint in neutral (conservative) or wound care (surgical)</li><li>• Ice 15 min 3–4x/day</li><li>• Activity modification: avoid gripping, throwing, golf, typing</li><li>• Gentle wrist and forearm AROM in pain-free range</li><li>• Grip strengthening (putty, pain &lt;3/10)</li><li>• Counterforce brace (medial clasp) during activity</li><li>• Neural mobilisation if ulnar symptoms present</li></ul>
<p><b>Precautions:</b></p> <ul style="list-style-type: none"><li>■ Post-surgical: no resisted wrist flexion for 3 weeks</li><li>■ Monitor ulnar nerve symptoms (numbness ring/little finger)</li></ul>	
Phase 2 — Progressive Loading	Weeks 3–8
<p><b>Goals:</b></p> <ul style="list-style-type: none"><li>• Full wrist and forearm ROM</li><li>• Initiate progressive tendon loading</li><li>• Normalise pain with function</li></ul>	<p><b>Exercises &amp; Interventions:</b></p> <ul style="list-style-type: none"><li>• Isometric wrist flexion (submaximal, pain-free): Week 3–4</li><li>• Eccentric wrist flexion exercises: Week 5–6</li><li>• Eccentric forearm pronation (ball squeezing on release)</li><li>• Progressive grip dynamometer training</li><li>• Transverse friction massage (5 min pre-exercise)</li><li>• Counterforce brace for ADLs</li><li>• Nerve gliding (ulnar) if indicated</li></ul>
<p><b>Precautions:</b></p> <ul style="list-style-type: none"><li>■ No heavy gripping or pronation loads before Week 6</li><li>■ Pain &gt;4/10 = reduce load</li></ul>	



### Rehabilitation Phases (continued)

Phase 3 — Tendon Strengthening	Weeks 8–16
<p><b>Goals:</b></p> <ul style="list-style-type: none"><li>• Full strength and pain-free ROM</li><li>• Sport/work-specific loading</li><li>• Neuromuscular endurance</li></ul>	<p><b>Exercises &amp; Interventions:</b></p> <ul style="list-style-type: none"><li>• Heavy slow resistance (HSR) wrist flexion protocol: 3x15 reps, 3x/week</li><li>• Eccentric-concentric forearm pronation (progressive loading)</li><li>• Sport-specific grip (golf grip, throwing mechanics)</li><li>• Overhead throwing reintegration from Week 12 (overhead athletes)</li><li>• Elbow and wrist proprioception drills</li><li>• Upper extremity kinetic chain exercises</li></ul>
<p><b>Precautions:</b></p> <ul style="list-style-type: none"><li>■ Avoid full-effort throwing until Week 14</li><li>■ Golfers: chipping/putting only until Week 14</li></ul>	
Phase 4 — Return to Sport/Activity	Weeks 16–26
<p><b>Goals:</b></p> <ul style="list-style-type: none"><li>• Full return to golf, throwing sports, or manual work</li><li>• Prevention of recurrence</li><li>• Long-term tendon health</li></ul>	<p><b>Exercises &amp; Interventions:</b></p> <ul style="list-style-type: none"><li>• Full sport return with graded volume and intensity</li><li>• Golf swing mechanics review (address medial overload)</li><li>• Pitch and throw mechanics analysis</li><li>• Maintenance eccentric program 2x/week</li><li>• Warm-up and stretching protocols</li><li>• Workstation/equipment ergonomics review</li></ul>
<p><b>Precautions:</b></p> <ul style="list-style-type: none"><li>■ No corticosteroid injection within 6 weeks of surgery</li><li>■ Recurrence risk higher in manual workers — education essential</li></ul>	

### Clinical Notes

- Differentiate from UCL insufficiency (valgus stress test)
- Concurrent cubital tunnel syndrome: neural mobilisation added from Week 1
- Workplace: review ergonomics for forearm-dominant tasks (plumbing, carpentry, computer use)

### References

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2. Ruch DS et al. Medial epicondylitis: current practice and future directions. J Am Acad Orthop Surg. 2014;22(2):84-92.
3. Ciccotti MC et al. Diagnosis and treatment of medial epicondylitis of the elbow. Clin Sports Med. 2004;23(4):693-705.
4. Pienimaki T et al. Progressive strengthening and stretching exercises and ultrasound for chronic lateral epicondylalgia: a prospective randomised trial. Physiotherapy. 1996;82(9):522-530.
5. Ahmad Z et al. Tendons in disease and current strategies in clinical management. PLoS One. 2020;15(6):e0234592.
6. Nirschl RP, Ashman ES. Elbow tendinopathy: tennis elbow. Clin Sports Med. 2003;22(4):813-836.

*This rehabilitation protocol is intended as a general guide for qualified physiotherapists and healthcare professionals. It should be adapted to individual patient presentation, surgical findings, tissue quality, and progress. All progression decisions should be made in consultation with the treating surgeon.*