



# OLECRANON BURSECTOMY Physical Therapy Protocol

Patient Name: \_\_\_\_\_ Date of Surgery: \_\_\_\_\_

\_\_\_\_\_ Evaluate and Treat

\_\_\_\_\_ Provide patient with home exercise program

Frequency: \_\_\_\_\_ x/week x \_\_\_\_\_ weeks

## \_\_\_\_\_ Phase I - Immediate Motion Phase:

- **Goals**
  - Improve/regain of range of motion.
  - Retard muscular atrophy.
  - Decrease pain/inflammation.
- **Day 0-7**
  - Rest in splint.
  - Elevate to reduce swelling.
  - Ice regularly.
- **Day 7-14**
  - Range of motion to tolerance (elbow flexion/extension and supination/pronation).
  - Often full elbow extension is not capable due to pain.
  - Gentle overpressure into extension.
  - Wrist flex/ext exercises.
  - Gripping exercises with putty.
  - Isometrics for wrist/elbow.
  - Compression/ice 4-5 times daily.
- **Day 14-17**
  - Range of motion ext/flex (at least 20-90).
  - Overpressure into extension (4-5 times daily).
  - Joint mobilization to re-establish ROM.
  - Continue isometrics and gripping exercises.
  - Continue use of ice.
- **Day 17-21**
  - ROM exercises to tolerance (at least 10-100).
  - Overpressure into extension (3-4 times daily).
  - Continue joint mobilization techniques.
  - Initiate light dumbbell program (PREs).
  - Biceps, triceps, wrist flex/ext, sup/pronators.
  - Continue use of ice post-exercise.

\_\_\_\_\_ **Phase II - Intermediate Phase:**

• **Goals**

- Increase range of motion.
- Improve strength/power/endurance.
- Initiate functional activities.

• **Week 3 to 4**

- Full ROM exercises (4-5 times daily).
- Overpressure into elbow extension.
- Continue PRE program for elbow and wrist musculature.
- Initiate shoulder program (Thrower's Ten Shoulder Program).
- Continue joint mobilization.
- Continue use of ice post-exercise.

• **Week 4 to 7**

- Continue all exercises listed above.
- Initiate light upper body program.
- Continue use of ice post-exercise.

\_\_\_\_\_ **Phase III - Advanced Strengthening Program:**

• **Goals**

- Improve strength/power/endurance.
- Gradual return to functional activities.

• **Criteria to Enter Phase III**

- Full non-painful ROM.
- No pain or tenderness.

• **Week 8 to 12**

- Continue PRE program for elbow and wrist.
- Continue shoulder program.
- Continue stretching for elbow/shoulder.
- Initiate Interval program and gradually return to sporting activities.

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.

Physician Name: \_\_\_\_\_

Date: \_\_\_\_\_