

---

ARTHROSCOPIC ELBOW DEBRIDEMENT  
POSTOPERATIVE PROTOCOL  
Referral for Rehabilitation Services

Patient Name: \_\_\_\_\_ Date of Surgery: \_\_\_\_\_  
\_\_\_\_\_ / Week \_\_\_\_\_ Weeks

Sling for comfort  
Progress rehabilitation as pain and motion allow

**Phase 1 – Passive**  
Weeks 1

**Begin:** \_\_\_\_\_  
1. Elbow flexion and extension  
2. Wrist flexion and extension  
3. Supination and pronation

**Phase 2 – Active**  
Weeks 2

**Begin:** \_\_\_\_\_  
1. Same exercises as above except active  
2. Terminal stretch

**Phase 3 – Resistive**  
Week 3

**Begin:** \_\_\_\_\_  
1. Start exercises listed in Phase 1 with resistance  
2. May start weight training after week 6

**Return to Activity**

Computer	Immediately as tolerated
Golf	6 weeks
Tennis	8 weeks

*I hereby certify these services as medically necessary for the patient's plan of care.*

\_\_\_\_\_  
*Physician's Signature* Date \_\_\_\_\_