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Department of Orthopaedic Surgery
Sports Medicine and Shoulder Service

Elbow Arthroscopy and Capsular Release Rehab Protocol Prescription

Patient Name: ___________________________ Date: ___________________________

Diagnosis: Elbow arthrofibrosis Frequency: 2-3 visits/week  Duration: 4 months

Acute Phase (weeks 1 – 6)
Emphasis on progress elbow ROM as tolerated (no restrictions)
Wrist and grip ROM and strengthening
Assess scapulothoracic and glenohumeral rhythm and correct any abnormalities
Upper body ergometer
Modalities as indicated
Daily HEP

Functional Phase (weeks 6 – 12)
Continue exercises from prior phase
Continue to emphasize elbow ROM
Elbow and forearm strengthening
Begin PNF patterns
Begin endurance training
Modalities as indicated
Daily HEP

Maintenance Phase (weeks 12+)
Progress stretching and strengthening program
Functional and sport specific training
Phase out supervised rehab
Advance home program to be done daily

Please contact us with any questions:
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Physician Signature: ___________________________