

Post-operative rehabilitation protocol

Tennis elbow and golfer's elbow release

Removal of the diseased tendon tissue at the outer or inner side of the elbow, with repair of the tendon. For patients, physiotherapists, and GPs.

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The plan at a glance

The tendon is cleaned and reattached to the bone. It needs six weeks before it takes load and twelve before it takes heavy load. The elbow moves from the first few days.

	Phase 1 Weeks 0 to 2	Phase 2 Weeks 2 to 6	Phase 3 Weeks 6 to 12	Phase 4 After 12 weeks
Dressing	Bulky bandage for 3 to 5 days. Sling for comfort	None. Wrist splint for comfort if advised	None	None
Movement	Gentle elbow, wrist, and finger movement	Full range, with gentle stretches	Full range	Full range
Load	A cup of tea	Up to 1 kg, palm up	Progressive strengthening, up to 5 kg	Unrestricted, staged return to sport
Review	Wound check at 10 to 14 days	Clinic at 6 weeks	Clinic at 12 weeks	Discharge when settled

Darker shading means tighter restriction. Times are guides. Your surgeon's instructions take precedence where they differ.

Seek advice urgently if

- The wound becomes red, hot, or swollen, or it leaks or opens.
- You have a fever or feel unwell.
- Pain suddenly increases after a lift or a fall.
- The elbow feels unstable, clunks, or gives way.
- New numbness, tingling, or weakness develops in the arm or hand.
- The elbow swells rapidly and feels tight.

Call 999 or go to the Emergency Department for shortness of breath or chest pain.

For anything else on this list, contact your surgical team the same day. Out of hours, call NHS 111.

Phase 1

Protect: weeks 0 to 2

Aims: control pain and swelling, start gentle movement, let the wound heal.

Do

- Use the sling for comfort for the first few days.
- Reduce the bulky bandage to a light dressing at three to five days.
- Bend and straighten the elbow gently, several times a day.
- Move the wrist, fingers, and shoulder fully.
- Keep the hand raised when resting. Ice over the dressing helps.
- Keep the wound dry until the wound check.

Avoid

- Lifting anything heavier than a cup of tea.
- Gripping hard, wringing, or twisting.
- Lifting with the palm facing down.
- Leaning on the elbow.
- Driving.

Expected in this phase

The elbow is sore and often will not straighten fully for the first two weeks. This recovers with gentle movement.

Phase 2

Move: weeks 2 to 6

Aims: full elbow and wrist movement, light daily use.

Do

- Regain full bending and straightening of the elbow.
- Stretch the forearm muscles gently: elbow straight, wrist bent, held for 20 seconds.
- Lift light objects with the palm facing up and the elbow bent.
- Massage the scar once the wound has fully healed.
- Keep the shoulder and shoulder blade muscles strong.

Avoid

- Lifting more than 1 kg.
- Resisted wrist or grip exercise.
- Repetitive gripping: screwdrivers, shears, racket, club.
- Lifting with a straight elbow and the palm down.
- Forcing movement into pain.

Move on to Phase 3 when

Elbow and wrist movement is full and daily tasks are comfortable.

Phase 3

Strengthen: weeks 6 to 12

Aims: load the tendon in stages, restore grip.

Do

- Start static (isometric) wrist exercises, then light weights.
- Add slow lowering (eccentric) wrist exercises as taught.
- Build grip with putty, then a gripper.
- Strengthen forearm turning with a light hammer or band.
- Increase load only if the elbow is comfortable the next day.

Avoid

- Lifting more than 5 kg.
- Racket sports, golf, and climbing.
- Heavy or repetitive manual work.
- Vibrating tools.

Move on to Phase 4 when

Grip is comfortable and close to the other side, and resisted wrist movement is pain-free.

Phase 4

Return: after 12 weeks

Aims: full work, full sport.

- Return to heavy manual work.
- Return to racket sports and golf in stages. Start with short sessions.
- Check racket grip size, string tension, and technique with a coach.
- Keep up the strengthening exercises for six months.

What to expect

Recovery is slow. Most people notice a clear gain by three to six months. Some ache with heavy use can persist for up to a year.

Return to activity

Typical times from surgery. Each depends on comfort, movement, and healing.

Activity	From	Condition
Desk work	1 to 2 weeks	Light typing only at first
Driving	2 weeks	Comfortable grip and elbow movement
Swimming	4 to 6 weeks	Wound healed, gentle strokes
Light manual work	6 weeks	Within the 5 kg limit
Light gym resistance	6 weeks	Pain-free loading
Running	2 to 3 weeks	Wound healed
Golf	3 to 4 months	Putting and chipping from 10 weeks
Racket sports	3 to 4 months	Pain-free resisted grip
Heavy manual work	12 weeks	Good grip strength
Climbing, contact sport	4 months	Full strength

When to slow the protocol

Some patients need more time. Your surgeon will tell you if any of these apply.

- **Golfer's elbow (inner side).** The restrictions are the same, but protect against resisted wrist bending and palm-down forearm turning. The ulnar nerve may be released at the same time.
- **Ligament repair at the same operation.** A hinged brace is worn. Follow the elbow ligament protocol.
- **Keyhole release without tendon repair.** Recovery is usually two to four weeks faster.
- **Steroid injections before surgery.** Several injections thin the tendon and skin. Healing can be slower.
- **Smoking and diabetes.** Both slow healing. Stop smoking and vaping nicotine. Keep blood sugar well controlled.

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This protocol is general guidance for uncomplicated open tennis elbow or golfer's elbow release. It is not a substitute for individual medical advice. Instructions from your own surgeon and therapist take precedence.

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