



**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