



UNION GENERAL ORTHOPEDICS & SPORTS MEDICINE

AFFILIATE OF: UNION GENERAL HEALTH SYSTEM

Jacob B. Stirton, MD

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706-439-6858

ELBOW FRACTURE DISLOCATION ORIF PHYSICAL THERAPY

Philosophy

This protocol is to be utilized as a guideline. There will always be individual differences amongst patients regarding progression and tolerance of specific activities. Progression through the protocol will depend on successful accomplishments of set milestones as assessed by the physician and the physical therapist/athletic trainer.

The physical therapist and patient must constantly be aware of changes in condition, including but not limited to signs and symptoms of joint irritation/pain, tendonitis, and effusion. The patient's home exercise program is of utmost importance and should be monitored and emphasized.

Rehabilitation should create the optimal environment for the natural process of healing to occur. Initially, there should be a strong emphasis on minimizing swelling and pain as well as motion restoration. If a patient's progress is significantly delayed, please contact the physician office to keep them informed.

If you have any questions regarding this protocol, please contact the UGH Orthopedics and Sports Medicine Department at (706) 439-6858.

CAUTION: Return to intense activities such as lifting and sports early post-operatively may increase the overall chance of setbacks like reinjury and symptoms of pain, swelling, or instability should be closely monitored and reported by the patient.



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Phase I (0-3 weeks)- Protective

Goals

1. Protect repair; educate patient regarding post-operative precautions
2. Decrease pain and inflammatory response
3. Allow healing

WEEK 1

Brace: Posterior splint with elbow at 90° flexion

Cryotherapy: To elbow joint and graft site at the wrist

Range of Motion: Wrist AROM (flexion & extension) immediately postoperatively Exercises:

- Gripping exercises
- Wrist ROM
- Shoulder isometrics (no shoulder internal rotation)
- Biceps isometrics

WEEK 2

Brace: Elbow ROM 60°-145°

Cryotherapy: Continue ice to elbow joint and graft site

Exercises:

- Continue all exercises listed above
- Elbow ROM in brace
- Initiate isometric elbow extension
- Initiate wrist isometrics
- Continue wrist ROM exercises
- Initiate light scar mobilization over the distal graft incision

WEEK 3

Brace: Elbow ROM 30°-145°

Exercises:

- Continue all exercises listed above
- Elbow ROM in brace
- Initiate light wrist flexion stretching
- Initiate AROM shoulder
 - Full can
 - Lateral raises
 - ER/IR
- Continue wrist ROM exercises



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Phase II (4-8 weeks) – Early Phase

Goals

1. Gradual increase in range of motion
2. Promote healing of repaired tissue
3. Regain and improve muscular strength

WEEK 4

Brace: Elbow ROM 15°-145°

Exercises:

- Continue all exercises listed above
- Elbow ROM in brace
- Begin light resistance exercises for arm in brace (1 lb):
 - wrist curls and wrist extension
 - pronation/supination
 - Elbow extension/flexion.
- Progress shoulder program, emphasizing rotator cuff and scapular strengthening (avoid ER until week 6)
- Initiate shoulder strengthening with light dumbbells

WEEK 5

Brace: Elbow ROM 0°-145° (full)

Exercises:

- Continue all exercises and progress all shoulder and UE exercises in brace (progress 1# weight)
- Elbow ROM in brace

WEEK 6-8

Brace: Elbow ROM 0°-145°

Exercises:

- Continue all exercises listed above
- Elbow ROM in brace
- Progress elbow strengthening exercises
- Initiate shoulder external rotation strengthening
- Progress shoulder program



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Phase III (8-12 weeks) – Advanced Phase

Goals:

1. Increase strength, power, endurance
2. Maintain full elbow ROM
3. Gradually initiate sporting activities

WEEK 8-12

Brace: only at night

Exercises:

- Initiate eccentric elbow flexion/extension
- Continue isotonic program; forearm and wrist
- Continue shoulder program

WEEK 12

Exercises:

- Continue all exercises
- Initiate machine strengthening
- Initiate return to full activities