



## Elbow Arthroscopic Arthrolysis Rehabilitation Protocol

<p><b>Pre-operatively on the ward</b></p>	<ul style="list-style-type: none"> <li>• Discuss post-operative rehab'</li> <li>• Discuss location for rehab', if not WWL, offer Wrightington whilst the patient awaits a local appointment</li> <li>• Explain the importance of early rehab' and stiffness prevention</li> <li>• For Wrightington appointments, hand a referral to reception/telephone reception to make an appointment for with 1 week of discharge. The patient should be discharged home with an arranged appointment</li> <li>• Discuss the importance of regular exercise to avoid stiffness – hourly exercises</li> </ul>
<p><b>Post-operatively on the ward</b></p> <p><b>Aim:</b></p> <ul style="list-style-type: none"> <li>☐ D/C home independent with exercises</li> <li>☐ Patient to have an awareness of the risk of recurring stiffness</li> <li>☐ Patient to have an awareness of compensatory patterns</li> </ul>	<ul style="list-style-type: none"> <li>• Hand and wrist exercises</li> <li>• Forearm rotation, elbow at 90 in contact with trunk</li> <li>• Overhead elbow extension in supine, with shoulder at 90 degrees flexion, upper arm supported to isolate movement to elbow. Discuss the importance of the supine position. Ensure active scapular retraction during extension.</li> <li>• Commence CKC flexion/extension slides on the table</li> <li>• Encourage gentle hourly exercises throughout the day to prevent stiffness</li> </ul>
<p><b>Week 1</b></p> <p><b>Out-Patient Physiotherapy</b></p> <p><b>Aim:</b></p> <ul style="list-style-type: none"> <li>☐ Prevent stiffness</li> <li>☐ Prioritise direction pre-op deficit in movement</li> <li>☐ Regain normal movement patterns</li> <li>☐ Prevent/correct compensatory patterns</li> </ul>	<ul style="list-style-type: none"> <li>• Use exercise as a form of pain management</li> <li>• Continue to exercise little and often – hourly</li> <li>• Continue with overhead extension and forearm rotation</li> <li>• CKC functional exercises avoiding biceps/brachialis recruitment, promoting extension, and utilising the full kinetic chain</li> <li>• Isometric anconeus exercises in different parts of range</li> <li>• Facilitate proprioception, prevent compensatory patterns and gain an awareness of when the elbow is/is not moving eg with tactile or mirror feedback</li> </ul>
<p><b>Progress when</b></p> <ul style="list-style-type: none"> <li>✓ Nearing intra-operative ROM</li> <li>✓ No compensatory pattern</li> <li>✓ Normal biceps and brachialis tone</li> </ul>	<ul style="list-style-type: none"> <li>• Continue and progress functional pattern exercises, incorporating the kinetic chain</li> <li>• Continue to encourage extension</li> <li>• Add in load as able, eg use light bands to push into extension, and relax into flexion</li> <li>• Progress anconeus exercises using band</li> <li>• Commence and progress weight bearing exercises</li> </ul>
<p><b>Progress when</b></p> <ul style="list-style-type: none"> <li>✓ Functional arc AROM</li> <li>✓ Extension &lt;15 degrees</li> </ul>	<ul style="list-style-type: none"> <li>• Full strengthening return to work/sport rehab' programme, including proprioception and confidence</li> </ul>

<b>Sling</b>	For comfort –
<b>Physiotherapy follow up</b>	Within 1 week PO

<b>Milestones</b>	
100 Degrees arc of movement	Dependant on pre-op range

Intra-operative AROM	8 Weeks
Driving	When ROM and strength restored
Light/Sedentary Work	As able/as rehab' demands allow
Heavy/Manual Work	As able/as rehab' demands allow
Sport	Dependent on sport

**Specific Instructions**

Avoid stretching or overpressure throughout rehabilitation

If not improving/maintaining AROM/achieving AROM – discuss with M IMAM

**Patient Specific Instructions**

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