Elbow Trauma Rehabilitation Protocol

Includes post ORIF, or conservatively managed trauma when active ROM indicated

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N.B. For terrible triads, or ORIF + ligament reconstruction, please also refer to ligament repair protocols. Protection of the ligament repair is essential.

Pre-operatively on the ward	• Discuss post-operative rehab' • Discuss location for rehab', if not NNUH, offer NNUH whilst the patient awaits a local appointment • Explain the importance of early rehab' and stiffness prevention • The patient should be discharged home with an arranged appointment • Discuss the importance of regular exercise to avoid stiffness – hourly exercises
Post-operatively on the ward ***Aim:*** **D/C home independent with exercises** **Patient to have an awareness of the risk of stiffness**	• Advise bandages to be taken down at 48 hours • Hand and wrist exercises • Forearm rotation, elbow at 90 in contact with trunk • 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 *** • Commence CKC flexion/extension slides on the table • Encourage gentle hourly exercises throughout the day to prevent stiffness
Week 1 **Out-Patient Physiotherapy** ***Aim:*** **Prevent stiffness** **Prioritise extension** **Regain normal movement patterns** **Prevent compensatory patterns**	• Manage hand oedema; active hand, wrist and finger exercises • Manage/massage scar • Use exercise as a form of pain management • Continue to exercise little and often – hourly • Continue with overhead extension in supine, shoulder at 90 degrees and forearm rotation • CKC functional exercises avoiding biceps/brachialis recruitment, promoting extension, and utilising the full kinetic chain • Isometric anconeus exercises in different parts of range • Facilitate proprioception, prevent compensatory patterns and gain an awareness of when the elbow is/is not moving eg tactile or mirror feedback
Progress when ✓ **Tissue/fracture healing allows** ✓ **>100 degree arc of flexion-extension** ✓ **Extension is <20 degrees** ✓ **No compensatory pattern** ✓ **Normal biceps and brachialis tone**	• Continue and progress functional pattern exercises, incorporating the kinetic chain • Continue to encourage extension • Add in load as able/as fracture healing allows, eg use light bands to push into extension, and relax into flexion • Progress anconeus exercises using band • Commence and progress weight bearing exercises

Progress when ✓ **Tissue/fracture healing allows** ✓ **Functional arc AROM** ✓ **Extension <15 degrees**	• Full strengthening return to work/sport rehab' programme

Sling	For comfort – unless specified 6 weeks if LCL or MCL repair included
Physiotherapy Follow Up	Within 1 weeks PO

Milestones	
100 degrees arc of movement	8 Weeks
Near Full AROM	12 Weeks
Driving	When ROM and strength restored
Light/Sedentary Work	6 weeks
Heavy/Manual Work	12 weeks
Sport	Dependent on sport

Specific Instructions

Avoid stretching or overpressure throughout rehab'

*** Overhead extension must not be performed if a triceps approach has been used surgically

Key points for patients with lateral ligament repairs

- Sling 6 weeks
- Avoid supination in elbow extension for 6 weeks
- Avoid varus stress position eg shoulder abduction for 12 weeks
- No weight-bearing through upper limb until 12 weeks

Key points for patients with medial ligament repairs

- Sling 6 weeks
- Avoid pronation in elbow extension for 6 weeks
- Avoid valgus stress position eg overhead throw position for 12 weeks

If not achieving extension – discuss with specialist physiotherapist

Patient Specific Instructions