



THE ARM DOC

www.TheArmDoc.co.uk

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Rehabilitation Following a Total Elbow Replacement

Rehabilitation	
<p>On discharge</p> <p>Aims</p> <ul style="list-style-type: none"> ✓ Control swelling ✓ Independent with exercises ✓ Safe mobilising/ADLs 	<ul style="list-style-type: none"> • Bradford sling when resting • Advise and manage swelling and pain • Active wrist and hand exercises • Shoulder flexion, abduction and lateral rotation • Active assisted elbow flexion/extension • Closed chain flexion/extension, forearm in neutral • Active pro and supination • Advice re light functional tasks • Sling for comfort only • Mobility assessment & functional check (ref to OT if req'd)
<p>10 days</p> <p>Aims</p> <ul style="list-style-type: none"> ✓ Full hand and wrist AROM ✓ Regain AROM elbow 	<ul style="list-style-type: none"> • Wound/scar assessment • Teach scar massage • Encourage normal light functional movements • Scapula/shoulder postural advice • If triceps intact open chain flexion/extension in supine, with shoulder at 90 degrees (if triceps intact) • Reinforce/advise re functional limitations of elbow arthroplasty
<p>4 Weeks</p> <p>Aims</p> <ul style="list-style-type: none"> ✓ Functional elbow at 8-12 weeks 	<ul style="list-style-type: none"> • Continue to increase range and encourage normal functional movements • Kinetic chain rehab to maximise function, consider shoulder, scapular and lower limb function

Sling	Routine poly sling for comfort only If unlinked & without radial head sling 4 weeks
Physiotherapy Follow Up	7-10 days post op



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Milestones	
Full AROM	6 Weeks D/W specialist physiotherapist if not achieving
Driving	From 6 Weeks
Light/Sedentary Work	8-12 Weeks
Heavy/Manual Work	NEVER
Sport	NOTHING INVOLVE LOADING THE ELBOW

Patient specific instructions	
Type of prosthesis:	_____ linked / unlinked
Radial head:	native / arthroplasty component/ none
Triceps:	intact / detached during surgery



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Other instruction:

No stretches throughout rehab'

Elbow replacements are not designed to take loads, therefore a strengthening programme should utilise the weight of the limb. If in doubt discuss with a specialist physiotherapist or the operating surgeon.