

## Elbow Trauma Rehabilitation Protocol

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

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

<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><i>Aim:</i></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 stiffness</li> </ul>	<ul style="list-style-type: none"> <li>• Advise bandages to be taken down at 48 hours</li> <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 ***</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 Out-Patient Physiotherapy</b></p> <p><i>Aim:</i></p> <ul style="list-style-type: none"> <li>▪ Prevent stiffness</li> <li>▪ Prioritise extension</li> <li>▪ Regain normal movement patterns</li> <li>▪ Prevent compensatory patterns</li> </ul>	<ul style="list-style-type: none"> <li>• Manage hand oedema; active hand, wrist and finger exercises</li> <li>• Manage/massage scar</li> <li>• Use exercise as a form of pain management</li> <li>• Continue to exercise little and often – hourly</li> <li>• Continue with overhead extension in supine, shoulder at 90 degrees 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 tactile or mirror feedback</li> </ul>
<p><b>Progress when</b></p> <ul style="list-style-type: none"> <li>✓ Tissue/fracture healing allows</li> <li>✓ &gt;100 degree arc of flexion-extension</li> <li>✓ Extension is &lt;20 degrees</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/as fracture healing allows, 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>

<b>Progress when</b> ✓ Tissue/fracture healing allows ✓ Functional arc AROM ✓ Extension <15 degrees	<ul style="list-style-type: none"> <li>• Full strengthening return to work/sport rehab' programme</li> </ul>
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<b>Sling</b>	For comfort – unless specified 6 weeks if LCL or MCL repair included
<b>Physiotherapy Follow Up</b>	Within 1 weeks PO

<b>Milestones</b>	
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

<p><b>Specific Instructions</b></p> <p>Avoid stretching or overpressure throughout rehab'</p> <p>*** Overhead extension must not be performed if a triceps approach has been used surgically</p> <p><b>Key points for patients with lateral ligament repairs</b></p> <ul style="list-style-type: none"> <li>• Sling 6 weeks</li> <li>• Avoid supination in elbow extension for 6 weeks</li> <li>• Avoid varus stress position eg shoulder abduction for 12 weeks</li> <li>• No weight-bearing through upper limb until 12 weeks</li> </ul> <p><b>Key points for patients with medial ligament repairs</b></p> <ul style="list-style-type: none"> <li>• Sling 6 weeks</li> <li>• Avoid pronation in elbow extension for 6 weeks</li> <li>• Avoid valgus stress position eg overhead throw position for 12 weeks</li> </ul> <p><b>If not achieving extension – discuss with specialist physiotherapist</b></p>
<p><b>Patient Specific Instructions</b></p>