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.

| Pre-operatively on the ward | • Discuss post-operative rehab’  
|                            | • Discuss location for rehab’, if not WWL, offer Wrightington whilst the patient awaits a local appointment  
|                            | • Explain the importance of early rehab’ and stiffness prevention  
|                            | • 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  
|                            | • Discuss the importance of regular exercise to avoid stiffness – hourly exercises |

| Post-operatively on the ward | • Advise bandages to be taken down at 48 hours  
|                             | • Hand and wrist exercises  
|                             | • Forearm rotation, elbow at 90 in contact with trunk  
| Aim:                       | • 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                      | • Manage hand oedema; active hand, wrist and finger exercises  
| Out-Patient Physiotherapy   | • Manage/massage scar  
| Aim:                       | • 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 | • Continue and progress functional pattern exercises, incorporating the kinetic chain  
| ✓ Tissue/fracture healing allows | • Continue to encourage extension  
| ✓ >100 degree arc of flexion-extension | • Add in load as able/as fracture healing allows, eg use light bands to push into extension, and relax into flexion  
| ✓ Extension is <20 degrees | • Progress anconeus exercises using band  
| ✓ No compensatory pattern | • Commence and progress weight bearing exercises  
| ✓ Normal biceps and brachialis tone | |
**Progress when**
- Tissue/fracture healing allows
- Functional arc AROM
- Extension <15 degrees
- Full strengthening return to work/sport rehab’ programme

<table>
<thead>
<tr>
<th>Sling</th>
<th>For comfort – unless specified</th>
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<td>6 weeks if LCL or MCL repair included</td>
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| 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**