# 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.**

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

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

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

| **Milestones** | |
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| 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**

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