The Arm Doc
GET IT RIGHT FROM THE START

Elbow Open Arthrolysis Rehabilitation Protocol

Pre-operatively on the ward	**Discuss post-operative rehab'** • Explain the importance of early rehab' and recurring stiffness prevention • Appointment for with 1 week of discharge. The patient should be discharged home with an arranged appointment • Discuss the importance of regular exercise to maintain intra-operative ROM– hourly exercises
Post-operatively on the ward ***Aim:*** ? Maintain intra-operative PROM ? Gain visual feedback of ROM ? D/C home independent with exercises ? Patient to have an awareness of the risk of recurring stiffness ? Patient to have an awareness of compensatory patterns	• CPM as tolerated, slowly increasing the ROM • Ensure CPM targeting elbow with no compensation at shoulder • Encourage active scapular positioning/retraction whilst on CPM • Monitor skin for signs of pressure/abrasions from CPM (and liaise with nursing staff) **When sensation and active ROM returned:** • 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. Encourage active scapular retraction during extension. • Commence CKC flexion/extension slides on the table • Encourage gentle hourly exercises throughout the day to prevent stiffness • Advise and educate re: compensatory patterns
Week 1 **Out-Patient Physiotherapy** ***Aim:*** ? Prevent stiffness ? Prioritise direction pre-op deficit in movement ? Regain normal movement patterns ? Prevent/correct compensatory patterns	• Use exercise as a form of pain management • Continue to exercise little and often – hourly • Continue with overhead extension 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 with tactile or mirror feedback
Progress when ✓ Nearing intra-operative ROM ✓ 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, eg use light bands to push into extension, and relax into flexion • Progress anconeus exercises using band • Commence and progress weight bearing exercises
	• Full strengthening return to work/sport rehab' programme, including proprioception and confidence

✓ Extension <15 degrees	

Sling	For comfort and/or to encourage relaxation of over active muscle groups
Out-Patient Physiotherapy follow up	Within 1 week post-op

Milestones	
100 Degrees arc of movement	Dependant on pre-op range
Intra-operative AROM	8 Weeks
Driving	When ROM and strength restored
Light/Sedentary Work	As able/as rehab' depends allow
Heavy/Manual Work	As able/as rehab' demands allow
Sport	Dependent on sport

Specific Instructions

Avoid stretching or overpressure throughout rehabilitation

If not improving and maintaining AROM/achieving intra-operative AROM – discuss with a specialist physiotherapist

Patient Specific Instructions: As per arthroscopic arthrolysis

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