

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>Pre-operatively on the ward</p>	<ul style="list-style-type: none"> • 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
<p>Post-operatively on the ward</p> <p>Aim:</p> <ul style="list-style-type: none"> ▪ D/C home independent with exercises ▪ Patient to have an awareness of the risk of stiffness 	<ul style="list-style-type: none"> • Advise bandages to be taken down at 48 hours • 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 *** • Commence CKC flexion/extension slides on the table • Encourage gentle hourly exercises throughout the day to prevent stiffness
<p>Week 1</p> <p>Out-Patient Physiotherapy</p> <p>Aim:</p> <ul style="list-style-type: none"> ▪ Prevent stiffness ▪ Prioritise extension ▪ Regain normal movement patterns ▪ Prevent compensatory patterns 	<ul style="list-style-type: none"> • Manage hand oedema; active hand, wrist and finger exercises • Manage/massage scar • 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
<p>Progress when</p> <ul style="list-style-type: none"> ✓ Tissue/fracture healing allows ✓ >100 degree arc of flexion-extension ✓ Extension is <20 degrees ✓ No compensatory pattern ✓ Normal biceps and brachialis tone 	<ul style="list-style-type: none"> • Continue and progress functional pattern exercises, incorporating the kinetic chain • Continue to encourage extension • Add in load as able/as fracture healing allows, eg use light bands to push into extension, and relax into flexion • Progress anconeus exercises using band • Commence and progress weight bearing exercises

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

<p>Specific Instructions</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>Key points for patients with lateral ligament repairs</p> <ul style="list-style-type: none"> • 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 <p>Key points for patients with medial ligament repairs</p> <ul style="list-style-type: none"> • Sling 6 weeks • Avoid pronation in elbow extension for 6 weeks • Avoid valgus stress position eg overhead throw position for 12 weeks <p>If not achieving extension – discuss with specialist physiotherapist</p>
Patient Specific Instructions