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## **Elbow Fracture: Post-operative Protocol**

The following guidelines should be followed when treating a patient who has suffered a fracture at the elbow. Internal fixation may have been performed to stabilize the fracture.

### **Inpatient:** (0-3 days)

- Extension splint for first 24 hours to reduce postoperative swelling and prevent hematoma formation then remove splint and cover wound OR
- A removable cast may be worn for the first 2 to 4 weeks, depending on the type of fracture

### **ROM**

- Instruct in home program and begin passive elbow range of motion in flexion/extension and pronation/supination as tolerated (no limits in range)
- Instruct in home program and begin pendulums and active shoulder ROM exercises

### **STRENGTH**

- Instruct in home program, and begin, grip strengthening

### **MODALITIES**

- Instruct on proper use of ice or PolarCare
  - 20-30 minutes at a time, several times per day, especially after exercises
- Arrange for outpatient physiotherapy follow-up to begin on day after clinic follow-up

### **Wound Instructions**

- Mepore dressing to wound q day until dressing totally dry
- May shower at 10 days but no bath or hot tub for 3 weeks

### **Outpatient Phase 1:** (Hospital Discharge to Week 6)

#### **ROM**

- Continue flexion/extension and pronation/supination exercises
- All motion may be passive and active-assisted
- Add static progressive splinting (Mayo elbow brace) if necessary

#### **STRENGTH**

- Continue grip strengthening

#### **MODALITIES**

- Ultrasound to anterior elbow may help decrease scar tissue formation and aid in recovery of full extension
- Soft tissue mobilization if indicated – especially assess the brachialis myofascia
- Incision mobilization and desensitization
- Modalities for pain, inflammation and edema control
- Cryotherapy as needed
- Ulnar nerve massage and desensitization

**Goals:** Control edema and pain; Early full ROM; Protect injured tissues; Minimize deconditioning

### **Outpatient Phase 2:** (Weeks 6 to 8)

#### **ROM**

- AROM exercises, isometric exercises, progressing to resisted exercises using tubing or manual resistance or weights
- Joint mobilization, soft tissue mobilization, or passive stretching if indicated

#### **STRENGTH**

- Add strengthening program for elbow and wrist flexion/extension and pronation/supination if well healed by 6 week follow-up with MD

#### **MODALITIES**

- Continue scar massage
- Nerve mobility exercises if indicated

**Goals:** Control any residual symptoms of edema and pain; Full ROM; Minimize deconditioning

**Outpatient Phase 3:** (Weeks 9 -12)

**ROM**

- Interventions as above
- Modify/progress cardiovascular and muscular conditioning
- Progress sport specific or job specific training

**Goals:** Full range of motion and normal strength; Return to pre-injury functional activities

**ADL's:** No lifting or carrying with the involved side until the fracture is healed (usually 6 weeks). Then lifting and carrying based on progression of strengthening program.