Fraser Orthopaedic Institute
Physiotherapy Protocols
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Elbow Fracture: Postoperative 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.