

## Elbow Dislocation

### Elbow, Hand & Wrist Surgery

#### **1-3 weeks Brace:**

1. -Place patient hinged brace with the elbow and 90 degrees and forearm in 45 degrees of pronation.
2. -Brace is to be worn at all times except for when performing motion exercises & showering.
3. Motion: -Begin active and active assist elbow extension and flexion with the forearm in pronation while patient is upright only. Passive flexion is ok.
4. -Begin active and active assist forearm pronation/supination with the patient supine and shoulder flexed 90 degrees (i.e., upper arm vertical) only.

#### **3-6 weeks**

1. Brace: -Continue splint at all times except for therapy.
2. Motion: -begin full active assist & passive extension/flexion. However, patient may perform pronation/supination exercises upright if preferred.
3. Edema Control: -Per therapist

#### **6 -10 weeks**

1. -Wean from the brace at 6 weeks, discontinue by 8 weeks.
2. -Static progressive splinting can be initiated if there is failure to achieve greater than a 100 degree arc by 8 weeks.
3. Motion: -Continue above motion exercises.
4. *Goal is to have near full motion by week 8*
5. Begin PROM of the elbow in flexion and extension and forearm in pronation/supination.
6. Strengthening: -Begin forearm strengthening at 6 weeks, and gentle elbow strengthening at 8 weeks.
  - a. 5 lbs lifting restriction starting at 8 weeks.
  - b. Transition to home exercise program vs. work or sport-specific conditioning at 10 weeks.