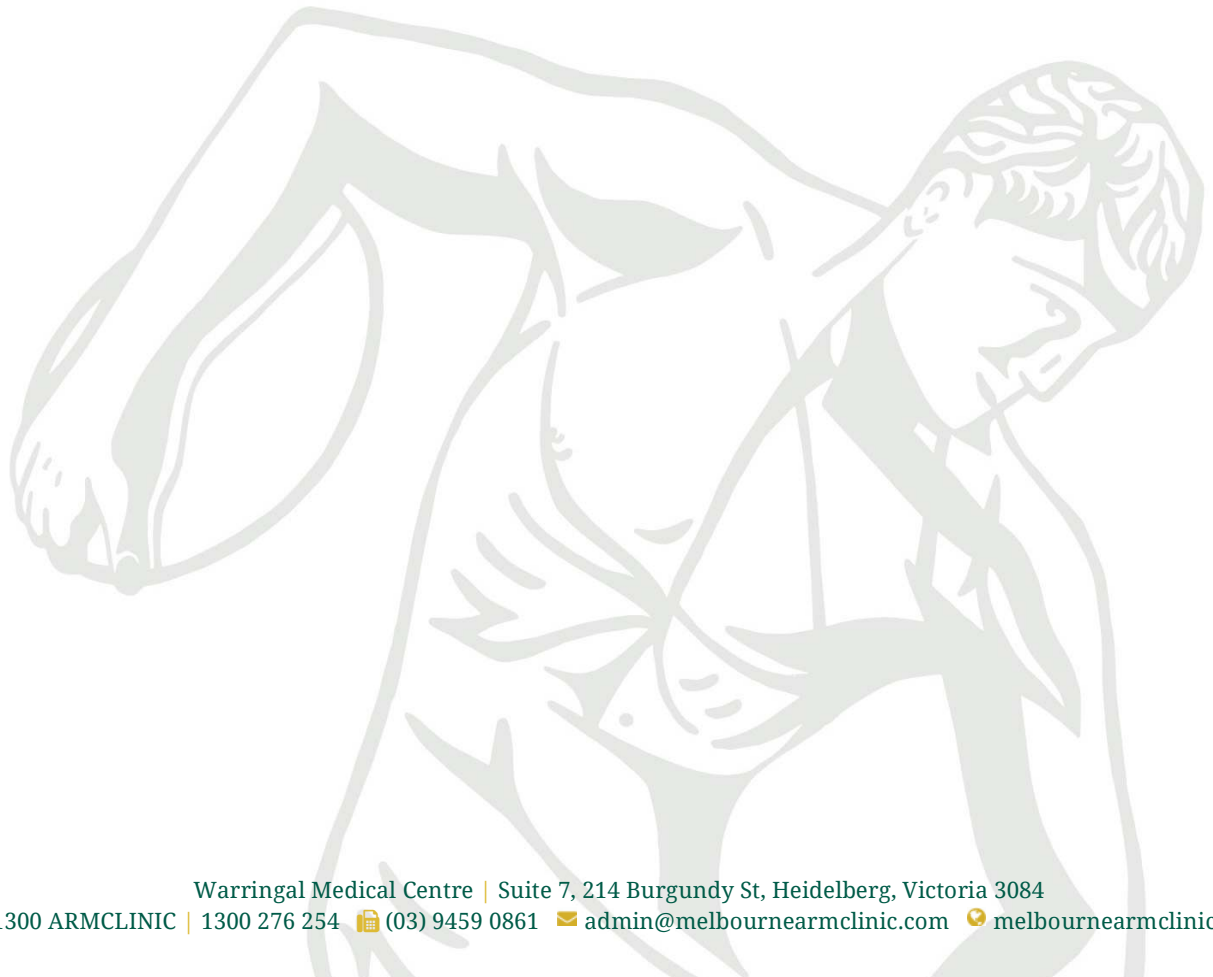




# Elbow Replacement Protocol





# Elbow Replacement

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Orthopaedic Surgeon

Sling	When will I go home?	What can I do?	What can't I do?
4 weeks	You will be discharged on the day <u>after</u> the operation	Gentle range of movement	No active movements, no lifting

## Acute phase (0-6 weeks)

### Goals

- Reduce pain
- Keep arm in a comfortable yet functional position
- Wrist and finger mobilization

### Rehabilitation

- Out of sling/elbow splint as tolerated
- Patient education regarding proper positioning, range of movement precautions, joint protection techniques
- No lifting of objects greater than 1 kilogram with operated upper extremity
- No excessive stretching or sudden movements (particularly extension)
- No forced flexion
- Avoid varus/valgus stress to the elbow
- No upper extremity weight bearing with the involved side
- Gentle active assisted range of movement elbow extension and flexion exercises initiated with elbow held close to the body (adducted position) with forearm in neutral to pronation bias
- Unless otherwise instructed, forearm rotations are to be completed with the elbow held at the side at 90 degrees of flexion to minimize strain on ligamentous structures
- Assisted range of movement of cervical spine, shoulder, wrist, and hand
- Gentle gravity-assisted elbow extension range of movement stretching
- Frequent cryotherapy for pain, swelling, and inflammation management
- Compressive wrapping/garments for oedema management as indicated

### Criteria for progression

- Pain control

## Intermediate phase (6-12 weeks)

### Goals

- Encourage functional range of movement and strength of the elbow for activities of daily living, while protecting healing soft tissues
- Minimize pain and inflammation



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- Re-establish dynamic elbow stability & proprioception

## Rehabilitation

- 6 weeks postop: begin submaximal painfree elbow/forearm/wrist/hand isometrics at mid range of available elbow range of motion (all planes)
- 8 weeks postop: progress to submaximal painfree elbow/forearm/ wrist/hand isometrics at multiple angles of available elbow range of motion. However, no isometrics at end ranges of motion
- 10-12 weeks postop: progress to sub maximal pain free shoulder and elbow/wrist/hand isotonic strengthening as motor control improves
- Initially single plane elbow movement then progress to composite movements as appropriate
- If patient has not achieved functional elbow range of motion of at least 120 degrees flexion then consider the use of a dynamic or static progressive splint
- Continue use of cryotherapy and oedema management for pain and inflammation

## Criteria for progression

- Pain free range of movement

## Late phase (>12 weeks)

### Goals

- Restore full range of movement

### Rehabilitation

- Maintain a home program with focus on pain free functional arc of elbow motion, strength and proprioception
- Continue previous exercises 2-3 times a week to maintain range of movement, strength, and function upon discharge from physiotherapy
- No heavy lifting of objects (no heavier than 5kg) for life
- No tennis or throwing activities for life

## Guidelines for return to functional activities

Driving	Lifting	Swimming	Golf
3 months	No more than 5kg for life	3 months	4 months