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Elbow Dislocation: Acute Posterior or Posterior-Lateral Conservative Rehabilitation Protocol

After Reduction:

- Expect elbow to be placed in an immobilization splint and sling until 3-5 days post reduction.
- Strict RICE: Rest, Ice, Compression, and Elevation for 1 week. (Elevate above your heart.)
- Neurovascular checks first 24 hours.
- Shower with a plastic bag covering the splint and seal with tape.
- Take your pain medication as needed and as prescribed. Call if any problems or questions arise.
- Indomethacin 50mg PO BID with food may be prescribed for 1 month.

Considerations:

- Avoid passive ROM exercises for 6 weeks. (Active Range of Motion (ROM) and Active Assist ROM exercises are OK at 1 week, or when given approval by M.D., because they lessen the chance of myositis ossificans.)

3-5 Days Post Reduction (at therapy):

- Initial splint changed as swelling subsides.
- Expect a hinged brace that limits extension to 30° to wear for 3 weeks.
- Gentle progressive resistance exercises OK.
- In supine position, allow gentle extension to predetermined stability while keeping forearm pronated (palm down).
- Perform flexion exercises in supine position with elbow in overhead position.
- Perform extension exercises in sitting position.
- Wear cryocuff at all times, or ice for 5-7 days alternating on/off every 30 minutes.

1 Week Post Reduction (at therapy):

- When given approval by M.D. or therapist, begin active-assist ROM and active supination/pronation as well as flexion/extension exercises (usually 2 weeks after reduction and 6 weeks after surgical reconstruction).

3 Weeks Post Reduction:

- If stable, discontinue splint and move to sling for an additional 2-3 weeks as increase ROM.

4-6 Weeks Post Reduction:

- Follow up appointment in clinic with P.A. or M.D; may discontinue sling with doctor's approval.
- Begin progressive functional and sport-specific resistive strengthening exercises.

12 Weeks Post Reduction:

- Follow up appointment in clinic with P.A. or M.D.
- If stable and strength is 80% compared to opposite arm, released to unlimited activities.

Considerations:

- 5-15% of patients report a loss of elbow strength.
- Many patients may still experience discomfort during loading procedures.

Note: These instructions are to serve as guidelines and are subject to Physician discretion. Actual progress may be faster or slower depending on the individual.