

Conservative Posterior Elbow Dislocation

Drs. Bear & Foster

Medical Management: Elbow ROM exercises are performed with the forearm pronated in order to maintain a more stable position and protect the elbow's lateral collateral ligament complex. It is also recommended that exercises be performed in supine to help maintain the joint reduction; gravity in a seated/standing position places a distracting force on the joint which may cause recurrent dislocation.

After MD visit/orders received:

- Dr. Bear: Long arm orthosis with elbow at 90° of flexion and forearm in neutral position is fabricated for continuous wear
- Dr. Foster: Hinged elbow brace with elbow at 90° of flexion and forearm in neutral position is fabricated for continuous wear
- ROM
 - A/PROM for wrist & digits
 - A/AAROM for elbow extension/flexion (30 - 130 degrees) with forearm in pronated position
 - Dr. Foster: within confines of brace
 - AROM for forearm supination/pronation with elbow flexed at 90°
 - AROM exercises should be performed hourly
- Begin edema management using compression sleeves, edema gloves as needed

2 weeks post-injury

- Therapist-provided and self-PROM exercises may be initiated with forearm in pronated position
 - 30° extension block

4 weeks post-injury

- In controlled environments, begin weaning out of orthosis

Initiation Date:6/29/2023 Revised Date: n/a

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5 weeks post-injury

- Discontinue 30° extension block during ROM exercises

6 weeks post-injury

- If cleared by MD, patient is discharged from orthosis
- No ROM restrictions
- Light, functional activity within a 5 lb weight limit is encouraged for affected arm

10 weeks post-injury

- Begin strengthening

Clinical Note: Patient should be advised to avoid activities that place varus stress for up to 1 year post-injury

Adapted From:

- 1) Consultation with Drs. Brian Bear & Brian Foster, MD at OrthoIllinois