

## THERAPY PROTOCOL

### Olecranon Fracture (ORIF)

#### 10 – 14 days Post-Op

- Wound care:
  - Initial bulky surgical dressing removed. A light compressive dressing is applied if bleeding/drainage is noted. As edema and wound improve, a transition to light compression sleeves may be performed.
- Edema:
  - Tubigrip compression sleeve, edema gloves, digit sleeves, or Coban as necessary to assist in edema reduction. Also educate on icing and elevation.
- Orthosis:
  - Posterior slab elbow orthosis in 80 degrees flexion, wrist free
  - On when outside of the controlled home environment
- ROM:
  - Active and passive elbow extension (full arc as tolerated)
  - Active flexion (full arc as tolerated)
  - A/AA/PROM of forearm/wrist/hand

#### 4-6 weeks Post-op

- Wound care:
  - Initiate scar massage/desensitization as wound allows
- Modalities:
  - initiated as needed for pain, edema, and scar management
- Orthosis:
  - Continue full time use, with removal for HEP and therapy
- ROM:
  - Continue as in phase I

#### 6-10 weeks Post-Op

- Orthosis:
  - (5-8 weeks): wean from brace and/or discontinue based on fracture healing and stability of fixation Initiation
- ROM:
  - Unrestricted ROM
  - Consider static progressive or dynamic brace if patient is unable to achieve a 100 degree arc of motion

- Strengthening: Progressive strengthening for the elbow, forearm, wrist, and hand may be initiated with hand weights (up to 5 lbs) and resistance bands

**10+ weeks post-op**

- ROM:
  - Aggressive ROM as needed
  - Strengthening: Continue progressive strengthening with weights, band, and/or job specific tasks
  - Gradually resume light activity. Considerations may be made for work conditioning if patient is required to return to strenuous job tasks