

THERAPY PROTOCOL

Unstable Elbow Protocol

Dr. Logli

5-7 Day Post Op

- Orthosis:
 - 24/7 outside of HEP and showering
 - Posterior elbow orthosis with 80 degrees elbow flexion
 - Forearm can be in neutral position unless otherwise noted
- Supine ROM:
 - Frequent and aggressive supine active and active-assisted elbow exercises should begin with the shoulder flexed to 90 degrees to provide maximum ulna-humeral stability with gravity
 - Full through arc of motion as tolerated in all planes (flexion/extension/pronation/supination)
 - NOTE: there is no need to block extension as most patients will not achieve full passive or active extension until 3-4 weeks Post Op
 - Isometric forearm exercises can be performed in supine position
- Edema:
 - Tubigrip compression sleeve, edema gloves, digit sleeves, or Coban as necessary to assist in edema reduction. Also educate on icing and elevation.

2 Weeks Post Op

- Initiate scar mobilization pending wound closure

4 Weeks Post Op

- Following 4 weeks f/u with MD, patient can begin standing ROM exercises and begin to gradually wean off orthosis in controlled environments

6 Weeks Post Op

- Discontinue orthosis use in all environments
- Initiate full UE strengthening within 0-5lbs
- If elbow ROM is not progressing significantly to at least 30-130 degrees, consideration of a static progressive orthosis for home use should begin in order to address flexion and or extension deficits so patient can start with use of their home program by 8 weeks

10 Weeks Post Op

- Continue full UE strengthening without weight restrictions



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