

Elbow Fracture

****DISCLAIMER:** Total length of rehab will vary depending upon the following factors: severity or acuteness of injury, age, health, or personal goals of the patient.

Initial rehab will depend of the severity and location of the fracture. If fixed with ORIF rehab will be more aggressive. If not fixed with ORIF the patient will be immobilized for up to 6 weeks.

Phase I: 0 – 3 weeks

Goals for Phase I:

1. Pain and swelling control
2. Normal ROM of uninvolved joints

- A. Orthotics: Patient is immobilized in cast or splint.
- B. ROM: Gentle AROM of non-involved joints
- C. Soft tissue management: wound monitoring (avoid getting stitches wet), swelling control, scar massage, desensitization
- D. Modalities: Utilize for pain, inflammation, swelling control, and muscle re-education as necessary

Phase II: 3 – 8 weeks

Goals for Phase II:

1. Functional ROM
2. Functional strength
3. ADL's with minimal difficulty

- A. Orthotics: Transferred to posterior elbow splint as physician orders
- B. ROM: Work to restore full P/AROM of wrist, hand, and elbow.
- C. Strengthening: Begin gentle strengthening; start with AROM, progress to PRE's as tolerated.
- D. Functional activities: Use arm for ADL's as tolerated.
- E. Modalities: Utilize for pain, inflammation, swelling control, and muscle re-education as necessary

Phase III: 8-12 weeks

Goals for Phase III:

1. Good strength
2. Begin work/sports activities

- A. Orthotics: gradually discontinue use of posterior elbow splint
- B. ROM: Continue PROM/AROM as needed
- C. Strengthening: More aggressive PRE's, weights, thera-band etc.
- D. Functional activities: Work and sports activities as tolerated

Phase IV: 12 weeks to release

Goals for Phase IV:

1. Release to full duty work or sports

- A. Continue strengthening/conditioning/functional activities as needed