

## **POST-OP Elbow Fracture / Dislocation Instructions and Therapy Protocol (Use for overhead protocol patients)**

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Office Contact Number: 203-758-1272

### **Instructions**

- ✓ Stay in post-operative splint until follow-up appointment, approximately 3-5 days from the surgery
- ✓ Use your **R L** hand for light activities only that can be performed while in a sling . Do not use the arm for any type of heavy lifting.
- ✓ For bathing, please cover the splint and do not allow it to get wet.

### **Dressing**

- ✓ After removal of the splint, keep the Tegaderm dressing on until follow-up for suture removal (approximately 2 weeks from surgery)

*To reduce the risk of infection:*

- **DO NOT soak the wounds for prolonged periods until 4 weeks from surgery (ie no swimming, baths, etc).**
- **DO NOT apply any antibiotic or other ointments, gels, or creams**
- **Call the office if there is persistent drainage from the surgical wounds after removal of the dressing.**

### **Medications**

- ✓ Please take the prescribed medication as directed. Do not drive while taking narcotic pain medication.

### **Follow-Up**

- ✓ Please make an appointment to see me back in the office approximately 5 and 14 days from surgery.

Please call the office number above with any questions or concerns following surgery.

THANK YOU FOR YOUR COOPERATION IN THE POST-OP PERIOD

## **Elbow - Overhead Protocol Post-Op Therapy Instructions**

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Office Contact Number: 203-758-1272

Patient Name \_\_\_\_\_ Date of Surgery \_\_\_\_\_

Diagnosis \_\_\_\_\_ Type of Repair \_\_\_\_\_

**Splint:** Custom thermoplastic posterior elbow splint with elbow in 120 degrees of flexion and full pronation (\*NOTE – *this may be altered based on the type of injury and repair that was performed at the time of surgery.*)

### **Week 0-2: Goals = Control pain, wound healing, prevent stiffness**

Wean off of prescribed medication. May substitute Tylenol or Ibuprofen

Begin early, protected ROM exercises as follows:

- 1) Supine position with shoulder in 90 degrees of forward flexion and forearm maintained in pronation (forearm resting on the forehead), perform gentle active-assisted pronation and supination)
- 2) Supine position with shoulder in 90 degrees of forward flexion and forearm maintained in pronation (forearm resting on the forehead), perform active and active-assisted elbow flexion to full range and elbow extension to 30 degrees (this may be altered based on patient's injury and repair).

### **Weeks 3-6: Goals = Regain motion**

Re-mold the splint at 90 degrees flexion and neutral forearm rotation.

Active and active-assisted elbow and forearm ROM (sitting or standing)  
*\*\*Avoid combined elbow extension and supination until ok'd by surgeon*

Begin gentle wrist and grip strengthening at 4 weeks.

### **Weeks 6-12: Goals = Regain maximum ROM**

If stiffness persists, consider static, progressive splinting

Begin progressive and graded strengthening (isometrics → resistive)

**Surgeon Notes:**