

Olecranon Fracture Open Reduction and Internal Fixation Therapy Instructions - Early Motion Protocol

1 week

Splint:

- Fashion removable long-arm splint holding the elbow in 90 degrees flexion and wrist in neutral at 1 week post-op.
- Splint to be worn full time except for when performing therapy exercises for the first 6 weeks.

Motion:

- Hand/finger AROM/AAROM/PROM encouraged immediately.
- Begin AROM and AAROM to elbow extension and flexion, as well as active and passive wrist flexion/ extension and pronation/supination.
- 2 lbs lifting restriction.

Edema Control:

Per therapist.

2-6 weeks

Incision care:

- Begin scar desensitization/massage at 2-3 weeks as wound allows.

Splint:

- Continue splint except when in therapy.

Motion:

- Continue active elbow extension/flexion, as well as active and passive wrist flexion/extension and pro/ supination.
- Begin gentle PROM and continue AROM/AAROM to elbow extension and flexion starting at 4 weeks.

Edema Control:

Per therapist.

6 -10 weeks

Splint:

- Wean from the splint at 6 weeks, discontinue by 8 weeks.
- Static progressive splinting can be initiated if there is failure to achieve at least a 100-degree arc of flexion/ extension by 8 weeks.

Motion:

-Advance PROM to elbow flexion/extension, and continue AROM/AAROM exercises.

Strengthening:

-Begin forearm strengthening at 6 weeks, and gentle elbow strengthening at 8 weeks. -5 lbs lifting restriction starting at 6 weeks.

-15 lbs lifting restriction at 8 weeks.

-Transition to a home exercise program by 8 weeks.

10-12+ weeks

Gradually return to light activity and exercise. There are no further activity restriction after 12 weeks. No further therapy is necessary unless required on a case-by-case basis.