

## Dr. Robert Wysocki

### Distal Humerus Fracture Open Reduction Internal Fixation

**4-5 days:** The postoperative dressing and sutures are removed. Consider silicon-based scar treatments for lateral elbow incision, stockinettes to forearm/arm for swelling.

**Splint:** A posterior long arm splint with elbow in 90 degrees flexion, forearm and wrist neutral is fabricated

#### EARLY MOTION PROTOCOL:

**Motion:** Active and active-assisted elbow extension and forearm pronation/supination is begun with the patient upright with the arm adducted by the side at all times out of the brace. Elbow flexion is performed gravity-assisted in the supine position with the shoulder forward-flexed 90 degrees. If the therapist believes AROM is progressing slower than planned and wishes to proceed early with PROM, please contact physician. PROM usually not begun until 6 weeks.

#### STANDARD PROTOCOL:

Patients are maintained in the posterior mold splint for 3 weeks full time with no ROM, and then the motion protocol described above is begun.

#### **6 weeks:**

**Splint:** weaned over 2 weeks.

**Motion:** continue as above, but may now add passive motion and static progressive extension splinting is added as needed

#### **8-10 weeks:**

Add gentle progressive strengthening of elbow and forearm.

Consider work conditioning for laborers. Gradual return to full activity, sports by 14 weeks