

Dr. Robert Wysocki

Elbow Fracture/Dislocation, Stable – Non-operative Treatment

1-7 days:

Patients are maintained in a long-arm posterior mold splint to let the soft tissues rest and pain to start to subside

7-10 days:

Splint: A posterior long arm splint with elbow in 90 degrees flexion, forearm and wrist neutral is fabricated, and is worn between exercises. A simple shoulder sling is an option as well

**Motion: Un-restricted active elbow flexion/extension in neutral and pronation/supination in 90 degrees elbow flexion is begun with the patient upright with the arm adducted by the side at all times out of the brace. No passive extension until 3 weeks (passive flexion ok).

6 weeks:

Splint: weaned over 2 weeks.

Motion: continue as above, but may now add static progressive splinting as needed. Add gentle progressive strengthening of elbow and forearm.

8-10 weeks:

Consider work conditioning for laborers. Gradual return to full activity, sports by 12 weeks